Prairie North
Health Region

Annual Report
2011-2012

To the Minister of Health

Healthy People. Healthy Communities.

VISION

Healthy People. Healthy Communities.

MISSION

Prairie North Health Region works with individuals and communities to achieve the safest and best possible care, experience and health for you.

VALUES

Respect
Excellence
Engagement
Accountability
Transparency

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This Annual Report is also available in electronic format from the Prairie North Health Region website at:

www.pnrha.ca

Print copies of the PNHR Annual Report are available at Prairie North Health Region's Corporate Office in North Battleford:

1092 – 107 Street
North Battleford, SK S9A 1Z1

or by calling (306) 446-6606

Letter of Transmittal

To: The Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan:

Prairie North Regional Health Authority is pleased to provide you and the residents of the health region with our 2011-12 Annual Report, as required under *The Regional Health Services Act*, section 55.

This report provides the audited financial statements and outlines activities and accomplishments of the Region for the year ended March 31, 2012.

We welcome this opportunity to report to you and to the public, assessing our overall performance in administering public funds entrusted to us and in providing patient-focused, safe, quality, effective, and efficient health care.

Respectfully submitted,

B. O'Grady

Bonnie O'Grady
Chairperson
Prairie North Regional Health Authority

Introduction

This Annual Report presents the activities and results of Prairie North Regional Health Authority (PNRHA) for the fiscal year ending March 31, 2012.

The Report reviews and assesses the progress PNRHA has made over the past year toward achieving our Vision of *"Healthy People. Healthy Communities."* in the context of our Mission to *"work with individuals and communities to achieve the safest and best possible care, experience and health"* for our patients, residents and clients.

We are pleased to provide concrete results on the publicly committed strategies, actions, and performance measures set out in the Region's 2010-13 Strategic Plan, in the Regional Health Authority's (RHA's) 2011-12 Accountability Document with the Ministry of Health, and in line with the provincial 2011-12 Strategic and Operational Directions (SOD) for the Health Sector document for Saskatchewan's health system.

PNRHA's Annual Report also references key challenges we have faced in striving toward our goals, and identifies lessons learned as we move forward with determination and commitment for the benefit of the residents of the Region.

Prairie North Regional Health Authority is responsible for the preparation of this report and affirms that the data and interpretation contained herein is accurate and reliable.

The information pertaining to each strategy, goal, initiative and measure is obtained through PNRHA's senior leader and/or reporting unit leader identified as responsible for the section in the Region's Strategic Plan. The organization's measurement results are obtained through the RHA's Quality and Safety portfolio, regional and provincial programs and systems, and the Ministry of Health. The data reflects consistency of measurement and alignment with the provincial SOD quarterly and year-end reports.

Once compiled into the Annual Report, each reporting unit's leader and responsible senior leader reviews their sections for accuracy. Corrections and revisions are incorporated before the document is approved by the Senior Leadership Team. The Report is then submitted to the Board for review, input, and approval.

Alignment with Strategic Direction

Prairie North Regional Health Authority is directly accountable to the Minister of Health. The RHA functions fully in alignment with the Ministry's Strategic and Operational Directions for the health system.

PNRHA's Vision, Mission and Values statements (inside front cover) align with those of the Ministry of Health.

Prairie North RHA adopted a Strategic Framework and Plan in May 2010, in alignment with the Ministry's SOD for the Health Sector and Pillars for Planning. These system-wide Pillars and goals (page four) remained unchanged for 2011-12.

Prairie North's Board of Directors and Senior Leadership Team deliberately chose to mirror these Pillars. The provincial goals under each Pillar were merged by PNRHA and restated as the Region's overarching goal for each pillar in the PNRHA Strategic Plan. Additionally, the provincial health system goals were restated as PNRHA's strategies, and were individualized to Prairie North's unique character, circumstances, challenges and opportunities.

For 2011-12, PNRHA fine-tuned its Strategic Plan, renaming it 'Strategic and Operational Directions for PNHR.' PNRHA's summary statement for each Pillar is unchanged, but is no longer referenced as a 'Goal'. PNRHA's 'Strategies' under the 2010-11 plan are now identified as 'Goals' to improve consistency with the provincial SOD. These PNRHA 'goals' under Health of the Population, Providers, and Sustainability have been revised to more precisely reflect the provincial SOD in their order and clarity.

Our Measures of Success are identical to those of the Ministry wherever possible to support consistency in measurement across the system. Wherever possible, quantifiable measures are identified along with targets. In some instances, the current measure is an indication of the progress made on development and implementation of the strategy. Further development of measures is ongoing.

Five Pillars of Healthcare

Strategic and Operational Directions for the Health Sector 2011-12 Regional Health Authorities and Ministry of Health

Strategic Focus	**1. HEALTH OF THE INDIVIDUAL**	**2. HEALTH OF THE POPULATION**	**3. PROVIDERS**	**4. SUSTAINABILITY**
Goals	1.1 Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations	2.1 Improve population health through health promotion, protection and disease prevention	3.1 Work together to build a workplace that supports the adoption of both patient- and family-centred care and collaborative practices	4.1 Achieve best value for money while improving the patient experience and population health
	1.2 Achieve timely access to evidence-based and quality health services and supports	2.2 Collaborate with communities, other ministries and different levels of government to close the gap in health disparities	3.2 Work together to create safe, supportive and quality workplaces	4.2 Improve transparency and accountability through measurement and reporting
	1.3 Continuously improve health care safety in partnership with patients and families		3.3 Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers	4.3 Strategically invest in facilities, equipment and information infrastructure to effectively support operations

5. SUPPORTIVE PROCESSES		
5.1 Benchmark and model world-class high-performing health systems	5.2 Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies	5.3 Leverage technology to achieve improvements in patient care and system performance

Prairie North Health Region Strategic and Operational Directions

Health of the Individual

Provide safe, quality and timely care and services to individuals, families and communities.

Goal:

1.1 Provide our patients with exceptional care and services.
1.2 Achieve timely access to appropriate health care service.
1.3 Continuously improve health care safety in partnership with patients and families.

Health of the Population

Work with individuals and communities to improve the health of the population.

Goal:

2.1 Expand healthy lifestyle and disease prevention practices and choices.
2.2 Build ownership with individuals, communities, and partners to improve the health of the population.

Providers

Work with health service providers to ensure safe, supportive, and quality workplaces that model our values.

Goal:

3.1 Work together to build a workplace that supports the adoption of both patient and family-centred care and collaborative practices.
3.2 Work together to create safe, supportive and quality workplaces.
3.3 Ensure that the Region's health service providers have the relevant knowledge and required skills and tools to perform their jobs.

Sustainability

Foster Regional and health system sustainability that ultimately improves health care service.

Goal:

4.1 Achieve best value for money while improving the patient experience and population health.
4.2 Improve transparency and accountability through measurement, reporting, communication, and an ethical decision-making framework.
4.3 Ensure that facilities, equipment and technology are in place to effectively support operations.

Supporting Processes

Focus on organizational excellence and innovation.

Goal:

5.1 Build a culture of continuous safety and quality improvement through adoption of recognized 'best practices'.
5.2 Leverage technology to achieve improvements in patient care and system performance.

RHA Overview

Prairie North Regional Health Authority is responsible for planning, organizing and delivering health services within its geographic area of northwest central Saskatchewan, consistent with the province's strategic direction and available resources.

PNRHA is also responsible for promoting and encouraging health and wellness, assessing the health needs of its residents, and monitoring and reporting on its progress in providing services that meet residents' health needs.

The RHA delivers a broad range of health services to its 78,237 Saskatchewan residents (*Saskatchewan Health Covered Population 2011)*, plus over 18,000 residents *(Statistics Canada, 2011 Census of Population)* of the Alberta side of Lloydminster.

Our team of 3,230 health care professionals in over 2,371.4 full-time equivalent (FTE) positions, plus 98 general practice and specialist physicians who live and work in the Region, works with individuals and communities to achieve the safest and best possible care, care experience and health for our patients.

Through PNRHA's network of ambulance services, hospitals, diagnostics, general and specialty medical services, health centres, primary health care sites, rehabilitation services, chronic disease management, home care, long-term care, public health services, mental health and addictions services, and many others, individuals have access to a comprehensive array of preventative, promotional, assessment, emergency, treatment, rehabilitative, supportive, and palliative patient care services that span a lifetime.

PNRHA also works through environmental health and infection prevention and control to safeguard the health of our citizens and communities.

Supporting all of these patient care services, programs, and facilities is the Region's corps of food and nutrition, housekeeping, maintenance, and materials management services.

PNRHA's administrative programs including finance, human resources, labour relations, information technology, communications, and continuous safety and quality improvement provide the leadership, oversight, and management of our direct care and support services.

Patient Services

In the past year in Prairie North:

- **10,690 patients** were admitted to hospital
- **1,701 babies** were delivered
- **6,022 surgeries** were performed, including **1,426 cataract surgeries**
- **99,971 people** received care in our Emergency departments
- **29,589 people** received care in our health centres and ambulatory care clinics
- **1.55 million laboratory tests** and procedures were conducted
- **49,640 general radiography exams** were taken
- **2,328 mammography exams** were done
- **12,375 ultrasound exams** were performed
- **8,643 CT exams** were conducted
- **51,862 hours of care** were provided to patients by Home Care nurses
- **27,002 Meals on Wheels** were delivered
- **9,309 ambulance calls** were handled
- **over 1.06 million miles** were travelled by our ambulances
- **858 clients** were seen through Telehealth
- **88,860 patients** received therapy services
- **6,669 children** were seen in child health clinics
- **7,439 immunizations** were given to children in schools
- **493 people** participated in Parent Mentoring groups
- **704 individuals** were admitted to inpatient mental health facilities for care
- **9,607 individuals** received outpatient mental health care
- **1,949 clients** received services for addictions
- **1,134 public health inspections** were conducted along with 4,601 public health consultations

Key PNRHA Service Sites

Prairie North delivers its services in 30 Region-operated or supported facilities and service sites, as well as through contracted/private service sites and programs, in community locations, and in client homes. (See Appendix D, page 93)

Key Partnerships

PNRHA's primary partnership is with the Saskatchewan Ministry of Health.

The Regional Health Authority also partners with 10 Health Care Organizations (HCOs) for the delivery of:

- Additional Emergency Medical Services:
  - Lloydminster Emergency Care Service
  - Marshall's Ambulance Care Ltd., St. Walburg
  - WPD Ambulance Care Ltd., North Battleford
- Addictions Services:
  - Walter A. "Slim" Thorpe Recovery Centre Inc., Lloydminster
- Mental Health Services:
  - Libbie Young Centre Inc., Lloydminster
  - Canadian Mental Health Association, Battlefords Branch
  - Edwards Society Inc., North Battleford
  - Portage Vocational Society Inc., North Battleford
- Continuing/Supportive Care Services:
  - Societe Joseph Breton Inc., North Battleford (Villa Pascal Long-Term Care home – PNRHA's only Affiliate organization)
  - Points West Living Lloydminster Inc. (Assisted Living).

A number of other key agencies, organizations, programs and services are also significant partners in PNHR's delivery of services to help meet patient, resident, and client needs:

- 3sHealth (Health Shared Services Saskatchewan), formerly the Saskatchewan Association of Health Organizations (SAHO)
- North Sask Laundry & Support Services, Prince Albert
- First Nations communities and organizations
- Battlefords Family Health Centre
- KidsFirst
- Municipal Health Holdings - Maidstone
- North Saskatchewan River Municipal Health Holdings
- Educational divisions and institutions
- Ministry of Social Services - Community Living Services Delivery
- Ministry of Justice and Attorney General
- Ministry of Corrections, Public Safety and Policing
- Seven local health care Foundations and Trust Funds
- Fifteen health care Auxiliaries
- Community organizations and committees

Prairie North maintains a relationship with Alberta Health Services (AHS) which provides funding support to PNHR for provision of health services to Alberta residents of Lloydminster and area. Under the *Lloydminster Charter* and legislative agreement, PNRHA is responsible for delivery of most health services to the City of Lloydminster.

A Unique Health Region

Prairie North Regional Health Authority is unique among Saskatchewan health regions as it is the only RHA delivering health services in two separate provinces, in Canada's only border city - Lloydminster. PNRHA is the only Saskatchewan health region that has direct responsibility for Alberta residents. This presents many special considerations and challenges in the management and provision of health services to people living under differing provincial jurisdictions in the same community.

Prairie North is also the only health region in Saskatchewan with two Regional hospitals (Battlefords Union and Lloydminster), and is the location of Saskatchewan's only provincial psychiatric rehabilitation hospital (Saskatchewan Hospital, North Battleford) which itself is home to the province's Forensic Services program.

Governance

Prairie North Health Region is governed by a 12-member Board of Directors which constitutes the Regional Health Authority.

Board members are appointed by the Minister of Health and are accountable to the Minister who also appoints the Board Chairperson and Vice-Chairperson. The current PNRHA Board was appointed on February 6, 2009 for a three-year term.

In February of 2012, the Minister of Health requested that Board members continue in their positions until re-appointments and new appointments are made to RHA Boards later this spring.

Ten of PNRHA's Board members agreed to remain in their roles until appointments are made for the next three-year term. Two PNRHA Board members declined to have their terms extended and left the Board at the expiry of their original terms.

Prairie North Regional Health Authority

Board Members
(as of March 31, 2012)

Bonnie O'Grady, Maidstone - Chairperson

Ben Christensen, North Battleford

Gillian Churn, Maidstone

Richard Fiddler, Waterhen Lake

Terry Lamon, Meadow Lake

Helene Lundquist, Lloydminster

Jane Pike, Meadow Lake

Leanne Sauer, Lloydminster

Donald Speer, North Battleford

Colleen Young, Lloydminster

Retired Board members:

Ross Clements, Lloydminster - Vice-Chairperson

Joanne Berry, Lloydminster

On behalf of all residents of Prairie North, as well as all health care providers in the Region, PNRHA extends appreciation to Joanne Berry and Ross Clements for their contributions while serving as members of the Board for the past three years.

PNRHA appreciates the dedication and commitment of both retiring Board members to the patients, residents, clients and their families of the Health Region, and to the governance of the organization as a whole.

The roles and responsibilities of RHA Boards are defined in *The Regional Health Services Act,* which created Saskatchewan's health authorities in 2002. These roles and responsibilities are noted on page 5 of this report.

Prairie North Regional Health Authority functions primarily as a single entity, as a full Board. The Board introduced a Finance Committee in January 2010 to assist the Board in fulfilling its financial responsibilities.

PNRHA Board members also serve as representatives on a number of committees and organizations throughout the Region. Board members report to their colleagues at regular monthly Board meetings regarding their participation in and activities of the committees.

Community Advisory Networks

Prairie North Regional Health Authority has an important, active group of local committees, called Community Advisory Networks (CANs) or Community Health Advisory Networks (CHANs) that facilitate and support consultation with and input from local communities.

The CANs/CHANs advise the Authority on broad issues related to the health of the community, and assist the Authority to understand the needs and priorities of communities and their residents.

PNHR's network of community advisory groups includes those formally established by the RHA:

- Meadow Lake and Area Community Health Advisory Network
- Lakeland Regional Community Health Advisory Network
- Lloydminster & District Health Advisory Committee;

and those established by communities:

- Paradise Hill Health Advisory Committee
- St. Walburg Health Advisory Committee
- Pine Island Lodge - Highway 16 Health Advisory Committee
- Cut Knife Health Advisory Committee.

Organizational Changes/Restructuring

Prairie North Regional Health Authority continues to benefit from strong, consistent leadership at its Senior Management level, with little change in the positions over the past year.

To strengthen the RHA's presence and service delivery in the continually growing community of Lloydminster and area, a senior liaison position was established in July 2011 specifically for the city.

The Senior Liaison Officer reports directly to Prairie North's Vice President (VP) of Integrated Health Services on acute care matters in Lloydminster, and to PNRHA's VP of Primary Health Services on matters relating to Population Health.

The Senior Liaison Officer is responsible to:

- Improve patient care in Lloydminster through collaboration with all health providers, with special focus on Lloydminster Hospital;
- Resolve operational issues affecting the delivery of health care and proper functioning of the organization in a timely manner through effective coordination, prioritization, and alignment of resources;
- Improve community engagement through effective cooperation and collaboration with key community stakeholders; and
- Liaise with Alberta Health Services on common issues and mutual concerns.

In January 2012, the VP Medical Services position was revised to broaden and strengthen senior medical leadership within the Region.

Dr. Almereau Prollius and Dr. Wilhelm Retief agreed to take on responsibilities with VP Medical Services Dr. Bruce Murray as co-senior medical officers (co-SMOs). Drs. Prollius and Retief are specialists who have practiced medicine in The Battlefords since 2007 and 2002 respectively.

Each continues with his busy practice, while devoting approximately one day per week to his co-SMO duties.

Prairie North Regional Health Authority greatly appreciates Drs. Prollius and Retief taking on the added responsibilities of medical leadership, in collaboration with Dr. Murray.

Progress in 2011-12

Prairie North Regional Health Authority is proud to report on the progress we have made over the past year toward reaching the goals and commitments set out in our Strategic and Operational Directions (SOD) document for the Health Region, in the PNRHA/Ministry Accountability Document for 2011-12, in the Ministry's Strategic and Operational Directions for the Health Sector (SOD) document, and in other announcements and commitments made during the year.

Our priorities have been to focus on the patient and the patient experience; to continually improve and enhance the quality and safety of the care and service we provide; to improve the health of the population and collaborate with others in doing so; to strengthen and engage our workforce; and to find and improve efficiencies in the use of our resources.

We have had numerous successes and challenges in 2011-12. These successes and challenges are discussed in the performance results and measurement sections which follow. The sections also include reports on performance in areas Prairie North views as important to our progress.

Pillar 1: Health of the Individual

Provide safe, quality and timely care and services to individuals, families and communities

GOAL

Provide our patients with exceptional care and services.

Strategy

Develop a 10-year plan for the adoption of patient- and family-centred care, using the provincial framework as a guide and following implementation timelines in this framework.

Results

- Prairie North Regional Health Authority developed and approved a plan to make patient- and family-centred care the foundation and principle aim of the organization over the next 10 years. PNRHA's Patient- and Family-Centred Care (PFCC) Plan was presented to and approved by the RHA Board on February 29, 2012, ahead of the March 31, 2012 deadline set by the Ministry in its provincial SOD for all RHAs and the Saskatchewan Cancer Agency (SCA) to develop their individual PFCC implementation plans, using the provincial Patient- and Family-Centred Framework as a guide.

- Prairie North's PFCC Plan closely follows the provincial PFCC Framework released on June 28, 2011. The purpose of the Framework is to guide the process of adopting PFCC within Saskatchewan.

- PFCC is about providing respectful, compassionate, culturally responsive care that meets the needs, values, cultural backgrounds and beliefs, and preferences of patients and their family members in diverse backgrounds by working collaboratively with them. To achieve PFCC, the four core concepts of PFCC must be embedded as core values in Prairie North and the Saskatchewan health system.

PFCC
Core Values

Respect and Dignity
Information Sharing
Participation
Collaboration

- PNRHA's Patient- and Family-Centred Care plan calls for:
  - Senior leaders to commit, support and be accountable for PFCC redesign and implementation;
  - PFCC education and training for staff and providers;
  - Engagement of patients, families and communities;
  - PFCC champions to exist at all levels of the organization;
  - Effective communication with patients, family, staff and providers through PFCC champions; and
  - Effective communication with staff, patients and families about the PFCC journey.

- In its first year, Prairie North's PFCC plan is to provide education on patient– and family-centred care to the RHA's Board members and senior leaders, establish a steering committee of which half the members are to be patients and family representatives, develop a PFCC education plan for Prairie North staff, and develop a communication strategy specific to PFCC.
- Before the end of March 2012, plans were well underway for Prairie North's first-ever Quality Summit to focus on patient- and family-centred care.
- Prairie North's SOD document and the Ministry of Health's SOD targeted March 31, 2012 for establishment of individual baselines for two measures of the PFCC strategy. The measures are:
  - The percentage (%) of patients reporting that nurses "Always communicated well with them" and
  - The percentage (%) of patients reporting that doctors "Always communicated well with them."

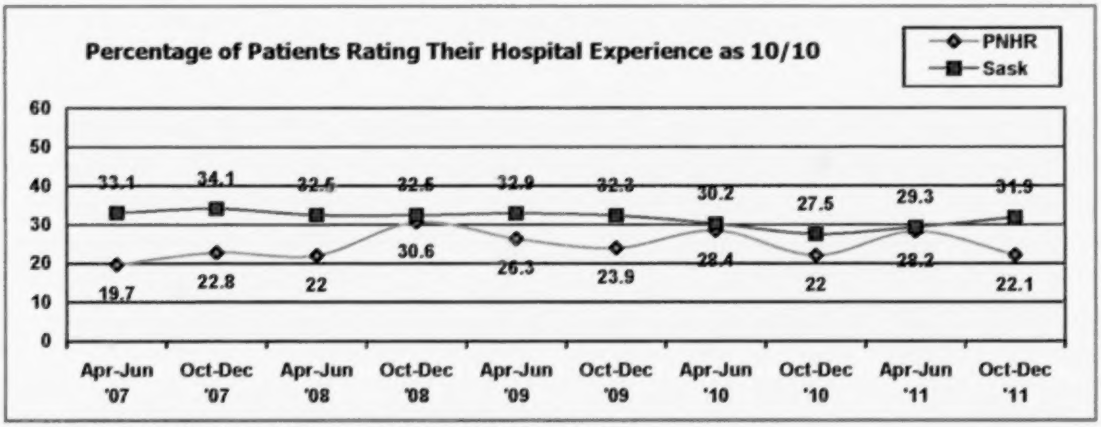
The baselines have been established through the Health Quality Council (HQC) of Saskatchewan's Patient Experience Survey randomly sent every two weeks to approximately five per cent of eligible patients discharged from Saskatchewan acute care hospitals. The baseline for each measure is established on monthly calculations between August 2008 and February 2012. As of the writing of this report, data is not yet available to the end of March 2012.

- Prairie North's baseline as of February 2012 for the percentage of patients reporting that nurses "Always communicated well with them" is 66.25%. In the past fiscal period, between April 2011 and February 2012, responses indicating that nurses 'always communicated well' ranged from a high of 76.8% to a low of 61.3%.
- Prairie North's baseline as of February 2012 for the percentage of patients reporting that doctors "Always communicated well with them" is 73.29%. For the same fiscal period April 2011 to February 2012, responses indicating that nurses 'always communicated well' ranged from a high of 82.8% to a low of 63.8%.

PNRHA intends that through the Patient- and Family-Centred Care initiatives leading to an overall cultural transformation of the health system, the percentage of patients reporting that nurses and doctors 'always communicated well' with them will continually improve toward the ultimate target of 100%.

Measurement Results

Percentage of Patients Rating Their Hospital Experience as 10 on a Scale of 1-10
(Previously known as "Best Possible Hospital Score")



Source: Health Quality Council Patient Experience in Acute Care Survey

This measure of patients rating their hospital experience speaks to PNRHA's Goal of providing our patients with exceptional care and services.

The measure is an outcome indicator and is represented as the percentage of patients who rated their hospital as exceptional on their recent hospital stay, as measured by a 10 out of 10 score.

Previously known as "Best Possible Hospital", the indicator reflects current best practice in measuring patients' experience of exceptional care. Saskatchewan's HQC indicates that the measure is the best current information available to respond to the Patient First Review and report on patients' perceptions of their experience of their care in hospital.

Since 2007, HQC in collaboration with Saskatchewan health regions, has been surveying, monitoring and reporting on patient satisfaction with acute care hospital services. The survey is conducted continually and randomly with individuals who had services in an acute care hospital. Respondents participate voluntarily. Results are reported regularly to health regions.

Among the many questions in the survey, patients are asked to rate the hospital where they received their care on a scale of 0 to 10 where 0 is the worst possible hospital and 10 is the best possible hospital. Patients of Prairie North's five acute care hospitals have been among those surveyed.

As the graph on the previous page illustrates, Prairie North Regional Health Authority continues to have work to do to improve our hospital patient experience rating to achieve the provincial target of 37.1% by the end of March 2012.

At the end of the third quarter of 2011-12 (the most recent quarter for which complete data is available), 22.1% of Prairie North patients who received care in any of the Region's acute care hospitals - and who responded to the survey - gave their hospital a 10 out of 10 rating. The figure is virtually on par with that of a year earlier, at the end of December 2010.

Prairie North's patient hospital experience rating remains well below that of Saskatchewan hospitals as a whole. Just under 32% of hospital patients across the province who responded to the surveys rated their experience as 10 out of 10. That's an improvement of more than 4 percentage points over the 27.5% rating a year earlier, but still below the provincial target.

Note: *The data presented in this year's PNRHA Annual Report for the hospital experience rating (graph, pg. 10) differs from that presented in the RHA's 2010-11 report.*

The difference is due to a change implemented by HQC in 2011 to follow best practice in reporting over time. HQC advises that it changed the survey analysis process to only report unweighted rates via its online reporting venue qualityinsight.ca .

Prior to this change in methodology, rates of patients rating the hospital a 10 were weighted by discharge numbers within health regions and across Saskatchewan to reflect service usage. Numbers reported now reflect actual survey responses without any statistical weighting applied.

Strategy

Participate in and implement the provincial priorities recommended by the Addictions Advisory Committee.

Results

- Consistent with the provincial SOD for the health system, Prairie North Regional Health Authority identified as a priority for providing our patients with exceptional care and services, that PNRHA "participate in and implement the provincial priorities recommended by the (provincial) Addictions Advisory Committee." PNRHA set as its measure and target development by March 31, 2012 of a Regional workplan that is consistent with the provincial plan.

  Prairie North achieved this aim by collaborating with other RHAs and the Ministry of Health to develop a three-year workplan for the delivery of mental health and addictions services. The plan is to achieve:

  - A provincial focus with integrated mental health and addictions services delivered regionally;
  - Provision of a stronger, more seamless continuum of care that is client- and family-centred;
  - Efficient and effective program delivery with more predictable outcomes;
  - Enhanced performance monitoring and program evaluation; and
  - Workforce development.

- In alignment with the workplan, Prairie North Regional Health Authority has already moved to improve integration of mental health and addictions services.

  PNRHA seized the opportunity afforded in late 2010-11 to add outpatient addictions services to the Region's mental health and addictions services in Lloydminster. The agency that had partnered with PNRHA to provide outpatient addictions services in Lloydminster chose to no longer do so. With funding support from Alberta Health Services, Prairie North began providing outpatient addictions services in Lloydminster and continues to do so through integrated, centralized intake and co-location of service providers.

  PNRHA's Mental Health and Addiction Services in Meadow Lake were also integrated over the past year through co-location of service providers and a centralized intake process for services.

- In the coming year, the workplan calls for continued focus on quality improvement and establishment of measures that provide consistent, reliable information that leads to improved processes and clinical outcomes, and standardized program evaluation.

  Enhancing competency training for staff, knowledge exchange on best practices, and models of care is a further focus for 2012-13.

SOONER
SAFER
SMARTER
Saskatchewan
Surgical Initiative
putting the Patient First

Strategy

Participate in and implement the Saskatchewan Surgical Initiative as it pertains to Prairie North Regional Health Authority.

Prairie North Regional Health Authority is proud to participate in the Saskatchewan Surgical Initiative (SkSI), a multi-year, system-wide project to transform the surgical patients' experience and reduce surgical wait time to three months by 2013-14.

PNRHA achieved considerable success toward meeting the Surgical Initiative's year-one 2010-11 goals and targets, as reported in last year's PNHR Annual Report. Prairie North continued to build on those successes in 2011-12.

Results - Saskatchewan Surgical Initiative

SOONER

Wait Times and Wait Lists

- Prairie North Regional Health Authority has again met and exceeded the number of surgical cases to be done in the Region in 2011-12. The target number of surgical cases for PNRHA for 2011-12 was 5,660 (Accountability Document), 25 more than were done in the Region in 2010-11.
  - Prairie North surpassed the target by 6.4%, marking the fifth consecutive year the Region has performed considerably more surgical cases than expected. Prior to introduction of SkSI two years ago, PNRHA was targeted to do 4,500 surgical cases in each of 2008-09 and 2009-10. The target alone has increased by 1,160 cases, or 25% since those years.

Surgical Cases Performed In Relation to Surgical Case Targets - PNHR

	Actual # of Surgeries	Target # of Surgeries	Variance of Actual from Target	Actual as % of Target
2004/05	3,091	—	—	—
2005/06	4,353	4,161	+192	104.6%
2006/07	4,403	4,488	-85	98.1%
2007/08	4,739	4,291	+448	110.4%
2008/09	5,199	4,500	+699	115.5%
2009/10	5,103	4,500	+603	113.4%
2010/11	5,635	4,560	+1,075	123.6%
2011/12	**6,022***	**5,660**	**+362**	**106.4%**

Source: Saskatchewan Surgical Patient Registry
PNRHA Key Indicator Statistics (KIS) Report

* *For comparative purposes, data for 2011-12 is sourced from PNRHA's KIS report and differs from that reported for 2011-12 through the Surgical Patient Registry and Saskatchewan Surgical Care Network.*

In June 2011, the provincial Surgical Information System (SIS) was implemented at two of PNRHA's three hospitals where surgeries are performed. The SIS data reported through the Surgical Patient Registry or PNRHA includes endoscopy cases as of June, and is therefore not directly comparable to the surgical case numbers reported for previous years for Prairie North.

The surgical data in the above chart does not include endoscopies.

- Prairie North Regional Health Authority met or exceeded three of the four target time frames for surgery, as set out under SkSI. The targets are established provincially through the patient assessment process which determines the urgency level of surgical need. Priority Level 1 patients are to have their surgery within three weeks; Priority Level II within six weeks; Priority III within three months; and Priority IV within 12 months. All patients are to have their surgery within 18 months. Emergency surgical cases are not part of the Priority levels identified above and are managed separately.
  - According to SkSI data, PNRHA met the Level I target of 95% of patients having their surgery within three weeks: 95% of PNRHA surgical cases were done within the target time frame. Across Saskatchewan, 64% of Level 1 surgeries were performed within the three-week target.
  - PNRHA was just below the 90% target of Level II surgeries to be done within six weeks, achieving 85% as of March 31, 2012. The figure is an improvement over the 50% achieved by Prairie North at the end of March 2011. Provincially, 57% of Level II surgeries were done within the six-week target.
  - Ninety-seven per cent (97%) of Level III surgical cases in Prairie North were done within the three-month time frame, surpassing the target of 90%. The province as a whole achieved a 72% rating for Level III surgeries within three months.
  - PNRHA also continues to meet and exceed the Level IV target of 90% of surgical cases completed within 12 months: 100% of Prairie North patients had their surgery within the target time frame. Province-wide, 93% of Level IV cases were done within 12 months.
- Prairie North Regional Health Authority met the SkSI target for 2011-12 that all patients in the province would have been offered a surgical date and/or received their surgery within 12 months.
  - At the end of March 2012, no Prairie North patients had waited more than 12 months for surgery, according to data from SkSI.

Further details about surgical wait times and wait lists, are on pages 16 and 17 under Measurement Results.

Surgical Information System

- In June 2011, after many months of planning and preparation, Prairie North Regional Health Authority implemented and began using the Surgical Information System (SIS), another key element in SkSI's effort to reduce wait times and improve patient experiences. SIS is an electronic system that streamlines processes for patients and health care providers, allowing providers to electronically schedule surgeries, book operating rooms, arrange appropriate surgical equipment, and track patients through different stages of the surgical process.

PNRHA implemented the state-of-the-art system at the Region's two largest hospitals: Battlefords Union and Lloydminster. The implementation marked the first time SIS had been simultaneously introduced in more than one site, a major milestone in its province-wide implementation.

SIS exchanges data with Saskatchewan's surgical wait list which tracks all patients waiting for surgery in hospital operating rooms. SIS automatically updates the provincial surgical wait list immediately after a patient has received surgery, thereby improving system efficiency and access for following patients.

Prairie North officially launched the system on September 1, 2011 with then Health Minister Don McMorris *(right)* participating.

"We are very proud of our accomplishments and the improvements this system has made not only for us, but more importantly, for our surgical patients and their families."

Jacquie Baynham
SIS Implementation Lead for PNRHA
and Nurse Manager
Operating Room, Battlefords Union Hospital

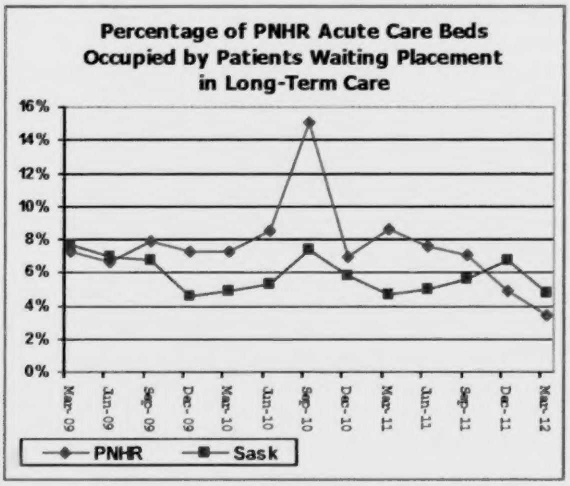
Waiting Placement in Long-Term Care

- PNRHA continues striving to reduce the number of patients in acute care waiting for placement in long-term care (LTC). The aim is significant to the Surgical Initiative in ensuring that acute care beds are available for surgical and acute care patients.

  The aim is also significant for patients waiting LTC placement and for the patients' families in terms of ensuring that the patients and families receive the most appropriate care in the most appropriate environment by the most appropriate health care provider.

  - As of March 31, 2012, Prairie North had achieved the provincial target of no more than 3.5% of the Region's 187 acute care beds occupied by clients waiting LTC placement. For the last quarter of the operating year (January through March 2012), the average number of acute care beds occupied by persons waiting placement in LTC was 6.4.

  - The average number of acute beds occupied by waiting placement clients in Prairie North declined steadily by quarter in 2011-12: from 7.63% between April and June 2011, to 7.05% between July and September, 4.89% between October and December, ending at 3.41% for January to March 31, 2012.



Percentage of PNHR Acute Care Beds Occupied by Patients Waiting Placement in Long-Term Care

Source: PNRHA Quality & Safety Report
Ministry of Health SOD 4th Quarter Report

  - Prairie North continues to follow the policies and practices implemented by the Region in 2010-11 to meet LTC client and family needs while optimizing the use of acute and long-term care beds. Among these measures is the requirement for patients in hospital beds waiting LTC placement to take the first available bed in another PNHR community until a LTC bed opens in their home community; making more use of respite and short stay beds in the Region's rural and LTC facilities; allowing no more than 24 hours between the time a LTC bed becomes empty and when a new client begins occupancy; and expanding the days on which LTC facilities take new clients from five to six days per week.

  - PNRHA also closely monitors its average wait time for clients requiring LTC to be placed in LTC. The average wait time over the year has remained fairly constant between a low of 73.2 days at the end of October and a high of 80.6 days at the end of January. As of March 31, 2012, the average wait time for clients to be placed in LTC was 79.6 days.

Access to Diagnostic Services

- Prairie North strives to ensure that access to specialized diagnostic imaging services including Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) is not a barrier to reducing surgical wait times and wait lists, nor to accessing the care and treatment that patients need.

  - PNRHA continues to far exceed provincial guidelines for performance of all elective CT scans within 90 days. The longest CT wait time over the 2011-12 year was 28 days, while the shortest was two days. At the end of March 2012, the wait time for elective CT service in Prairie North was 7 days, down from 10 days at the end of 2010-11. The Region provides CT service in North Battleford and Lloydminster.

  - Prairie North again surpassed the volume of CT service the Region was to provide patients, as set out in the 2011-12 Accountability Document. The chart on the following page details PNRHA's success in meeting its CT patient volume targets since the service began in the Region in 2005-06. For the past year, the target volume itself was increased by nearly 9%.

Number of Patients as a Percentage of Target for CT Services – PNHR			
	Actual Number	**Target Number**	**Actual as % of Target**
2005-06	698	1,125	62.0%
2006-07	3,578	3,830	93.4%
2007-08	4,876	3,860	126.3%
2008-09	4,260	4,636	91.9%
2009-10	6,768	5,155	131%
2010-11	6,995	5,155	136%
2011-12	**7,008**	**5,600**	**125%**

- The target number of 250 Saskatchewan patients to receive MRI service at Lloydminster (Accountability Document) was exceeded in 2011-12, as it has been since the mobile Alberta-based service began in Lloydminster in May 2008. Services have been increased to all sites (all are in Alberta with the exception of Lloydminster, SK) to accommodate increased waitlists. PNRHA has no control over wait lists or wait times for the Lloydminster MRI service. All cases requested through the mobile MRI are considered elective; the service does not support urgent MRI cases.

Number of Saskatchewan Patients & Exams as a Percentage of Target for MRI Services – PNHR			
	Patients - Actual	**Patients - Target**	**Patients Actual as % of Target**
2008-09*	286	208	137%
2009-10	393	250	157%
2010-11	351	250	140%
2011-12	**479**	**250**	**191%**
	Exams- Actual	**Exams - Target**	**Exams Actual as % of Target**
2008-09*	*Data Not Available for 2008-09*		
2009-10	453	380	119%
2010-11	415	380	109%
2011-12	**545**	**380**	**143%**

- A total of 449 Saskatchewan patients had Bone Mineral Density (BMD) exams in Lloydminster in 2011-12. The Accountability Document set out an expected patient volume of 920. The service is provided at a private clinic in Lloydminster. The Ministry provides funding for PNRHA patients to access the service close to home. There is currently no wait list for BMD testing at Lloydminster.

SAFER

Surgical Safety Checklist

- ► All three of Prairie North's surgical sites (Battlefords Union, Lloydminster and Meadow Lake Hospitals) continue to use the Surgical Safety Checklist to enhance patient safety during the surgical experience. The checklist ensures that information exchange and communication among health professionals is accurate, complete and up-to-date for the patient's surgery; increases efficiency during the surgery; and confirms post-surgery procedures, reducing complications.
  - PNRHA assesses and reports every quarter to the Ministry of Health on the Region's compliance in using the Surgical Safety Checklist. At the end of March 2012, Prairie North's compliance rate was 89%, demonstrating constant improvement over the previous year and moving closer to achieving the target of 100% compliance.
- ► Prairie North utilizes the ***Safer Healthcare Now!*** surgical site infections (SSI) bundle to reduce preventable SSIs for patients. Next steps will be development and implementation of a tool to measure and monitor progress in reducing infections that result from surgery.

SMARTER

Clinical Pathways

- ► Prairie North Regional Health Authority began implementation in 2011-12 of the new Spine Pathway intended to improve assessment and treatment of patients with lower back pain, reducing, delaying or eliminating the need for surgical intervention. The first phase of implementation was training in the new pathway for all staff and physicians who work with back pain patients.
  - PNRHA leads Saskatchewan RHAs in having 100% of our physical therapists and nearly 50% of our physicians complete both the online and hands-on spine pathway training components. Nurse practitioners and nursing case managers in Prairie North's primary health care centres are also being trained in the pathway. The Region is aiming to have all of its physicians, nurse practitioners and nursing case managers trained in the pathway by the end of March 2013.

- Prairie North continues to make progress for patients through the Hip and Knee Pathway implemented in the Region in 2010-11. PNRHA's involvement in the pathway is primarily in the assessment of patients for their hip or knee surgery, provision of therapy and other needed services while the patient awaits the surgery, and delivery of rehabilitation services for patients after they have had their surgery. Hip and knee replacement surgeries are not performed in Prairie North.
  - Physiotherapy services in North Battleford have implemented a hip and knee post-recovery group for clients. Client attendance at the group recovery sessions is close to 100% and clients surveyed rate the group as "excellent". Physician feedback is also very positive, with two physicians commenting that:

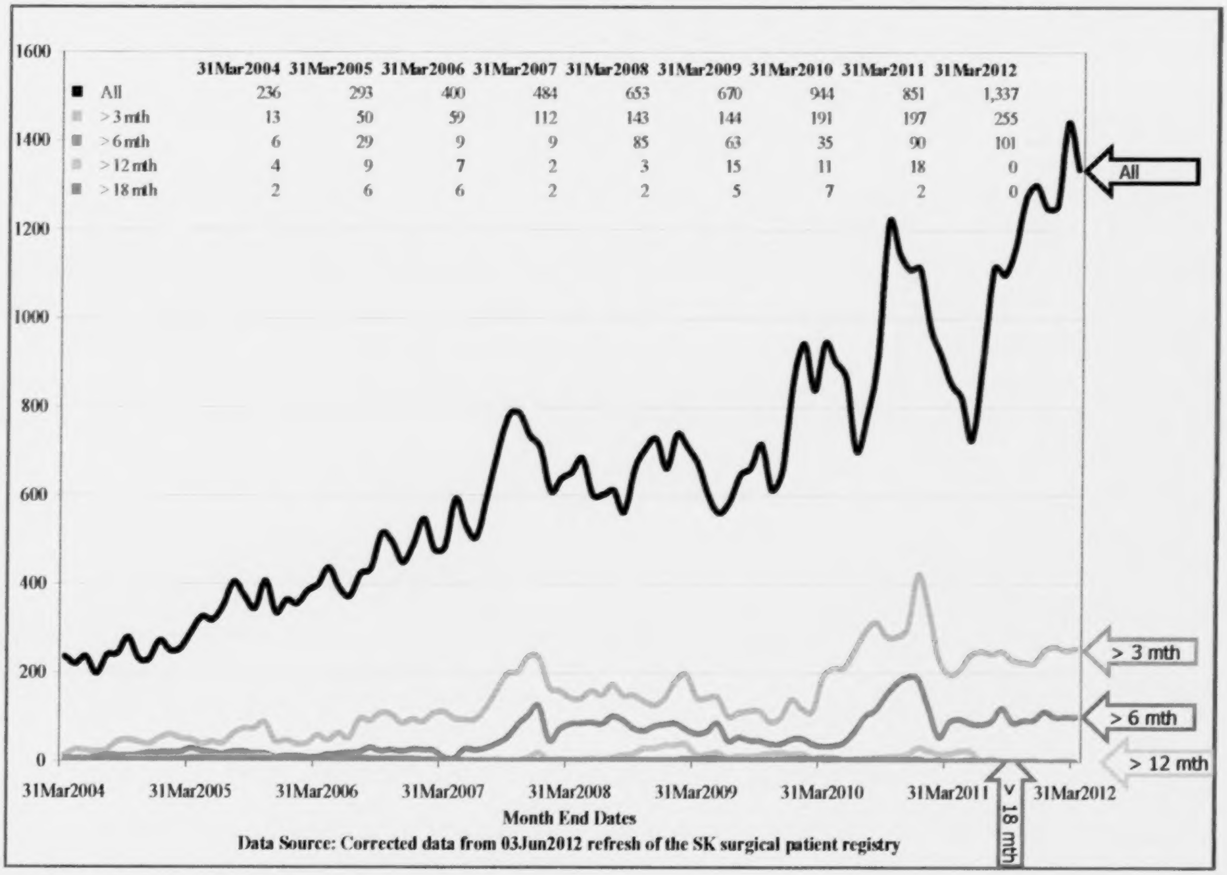
> ***...since the hip and knee post-surgery group started, the physicians don't see these clients coming to their offices or to the hospital emergency department for care related to the clients' surgeries.***
> *(paraphrased)*

- In the year ahead, PNRHA will focus on improving compliance with all physicians and other care providers to follow the pathways with all hip/knee and spine patient referrals.

Measurement Results

Saskatchewan Surgical Initiative in Prairie North Regional Health Authority

Number of Patients Waiting for Surgery by Time Already Waited



	31Mar2004	31Mar2005	31Mar2006	31Mar2007	31Mar2008	31Mar2009	31Mar2010	31Mar2011	31Mar2012
■ All	236	293	400	484	653	670	944	851	1,337
■ >3 mth	13	50	59	112	143	144	191	197	255
■ >6 mth	6	29	9	9	85	63	35	90	101
■ >12 mth	4	9	7	2	3	15	11	18	0
■ >18 mth	2	6	6	2	2	5	7	2	0

Data Source: Corrected data from 03Jun2012 refresh of the SK surgical patient registry

Source: Saskatchewan Surgical Patient Registry. Used with permission.

The measure of *Patients Waiting for Surgery by the Time Already Waited* speaks to Prairie North Regional Health Authority's goal to achieve timely access to appropriate health care service.

The measure focuses specifically on access to surgical services and PNRHA's participation in the Saskatchewan Surgical Initiative. The ultimate aim of SkSI and Prairie North's keen participation in the initiative is to transform the patient surgical experience and reduce surgical wait times to three months in four years (by 2014).

The graph on the previous page shows that Prairie North has reduced the number of patients waiting no more than 12 months for surgery to zero by March 31, 2012. A year earlier, 18 patients had been on the Region's 12-month wait list.

At the end of March 2012, 101 patients had waited more than six months for surgery, while 255 patients had waited more than three months.

The numbers illustrate snapshots of the numbers of patients waiting for surgery in PNRHA operating rooms as of specific dates six months into the operating year (September 30) and at the end of the operating year (March 31). The wait time calculation is based on the booking date and the last day of the month. Patient unavailable days are subtracted from the wait time.

For 2012-13, the Saskatchewan Surgical Initiative goal is to continue to shorten surgical wait times so that all patients are offered a date for their surgery within six months. Prairie North will maintain its focus on SkSI to achieve that target.

GOAL (continued)

Achieve timely access to appropriate health care service.

Strategy

Participate in the development and implementation of a provincial framework for a Primary Health Care model that is sustainable, offers superior patient experience, and results in an exceptionally healthy Saskatchewan population.

Prairie North Regional Health Authority continues to participate in provincial work to develop and implement a new Primary Health Care (PHC) model for Saskatchewan.

Physicians, both currently and formerly practicing in Prairie North, PNRHA leaders, other health professionals, and residents of the Region contributed their ideas and expertise through working groups, meetings, consultation sessions, and online opportunities toward development of the new model/framework.

Saskatchewan's new Primary Health Care Framework is slated for completion and introduction in the spring of 2012.

Prairie North was therefore unable to meet its March 31, 2012 target (SOD) for completion of its own framework reflective of the provincial plan. PNRHA's new framework will be established following release of the provincial strategy.

In addition to supporting development of the provincial framework, Prairie North made significant progress toward strengthening and enhancing primary health care services within the Region to improve timely, appropriate access for patients and clients.

Results - Primary Health Care

- Prairie North continues to maintain the highest level of access in Saskatchewan for its citizens to primary health care services and teams. Just under 55% of PNHR residents are within geographic proximity to PHC teams. The provincial rate is 33.13%

  Over 134,000 patient contacts were made for PHC services in Prairie North in 2011-12.

- In June 2011, a contingent of Prairie North Primary Health Care representatives travelled to Anchorage, Alaska to visit the internationally recognized South Central Foundation (SCF), a leader in primary health care. The learnings from the visit have become the foundation of Prairie North's primary health care work over the past year, particularly for the initiatives undertaken with the PHC site in Meadow Lake.

- With strong support, commitment, and collaboration from physicians and all health professionals at the Meadow Lake PHC site, services were stabilized and expanded to include new PHC team members and care options for patients.

  - Registered nurse (RN) case managers were added to the PHC team in Meadow Lake and Goodsoil. The RN case managers work to their full scope of nursing practice and provide case management services for patients with complex conditions. This increases the opportunities for patient education and support for self-management by patients with chronic conditions. The RN case managers have played a key role in bringing shared diabetes medical appointments to Meadow Lake. Pain management group appointments are offered as well.

Patient responses have been very favourable:

"I could never get the kind of help I needed. It's a slow process but I know we're getting things right and I feel really good about that. I think we're a good team. I wish they could've had this system...years ago."

  - The PHC team in Meadow Lake has been expanded to include professionals who provide sexual health, mental health, chronic disease, and nutritional/dietetic services for patients. PNRHA is using this model to increase team members and client services to other PHC sites in the Region.

Physician response has also been positive:

"It's a total redesign of the way physicians practice medicine. It's taken a bit of a paradigm shift to buy into it, to believe in it, but once we started working in it, I can't imagine working any other way. I am actually offering my patients a service that is holistic and complete."

- At the Goodsoil PHC site, the nurse practitioner and RN case manager have partnered to become the site's core team in the absence of physician services located in the community. Physician support is received from Meadow Lake and from Cold Lake, AB.

  Office staff, a laboratory technician, physical and occupational therapist, mental health and addictions counsellor, diabetes nurse educator, public health nurse and nurses from the L. Gervais Memorial Health Complex in Goodsoil are part of the PHC team. The focus is on patient- and family-centred care. Team members insist that the team works:

"...because we have the right team members, and we know and respect each other's skills."

- PHC teams in Meadow Lake, Maidstone and Turtleford are being expanded to include consultative services of pharmacists. The pharmacists assist patients and practitioners in managing medications. Through group sessions, pharmacists provide education for patients taking specific medications. Advice is also available to individual patients taking several types of medication to manage complex conditions. PHC pharmacists do not dispense medications at the PHC sites.

- Despite the successes in expanding PHC teams, attaining and maintaining adequate numbers of physicians and nurse practitioners (NP) remained a barrier in 2011-12 to access for patients to PHC services, and continued to put pressure on existing care providers, particularly in the Meadow Lake, Turtleford, and Maidstone primary health care sites.

  - PNRHA was able to recruit one nurse practitioner over the past year, increasing its NP complement to eight of 13 NP positions filled. PNRHA continues to support local registered nurses in taking the nurse practitioner program, through the Region's "grow our own" approach. One PNRHA employee is currently using the support to take the NP program.

  - Physician recruitment is ongoing, with vacancies continuing to be experienced in Prairie North's rural PHC sites.

- PNRHA has expanded the use of Electronic Medical Records (EMRs) to include Meadow Lake, Goodsoil, and Loon Lake PHC sites. In total, Prairie North currently has 67 users of the EMR and is committed to further expanding its use in the year ahead.

  All PNRHA primary health care sites also have access to the provincial Pharmacy Information Program (PIP) which allows physicians to see what medications the patient is using thereby improving medication management and care for patients.

- **Lloydminster** - On April 27, 2011, the Prairie North Regional Health Authority Board formally received and accepted the report and recommendations of the consultant's report commissioned with the Lloydminster Region Health Foundation to assess the current and anticipated need for primary care services at Lloydminster. The full report can be found at www.pnrha.ca under About Us: Publications.

  The report recommended that a PHC system be developed in Lloydminster "that would build on the strengths of both the Alberta and Saskatchewan primary health care models...a made-in-Lloydminster, state of the art solution' that could serve as a model for western Canada.

  The report identified "access to family physicians, access to mental health services, access to chronic disease management services, and access to after-hours care as the most pressing primary health care issues that need to be addressed."

  Since the report was received, a committee of Lloydminster and Prairie North RHA representatives has begun planning a primary health care project for Lloydminster. The first priority is to improve access to 24/7 primary care. Strategies include a focus on recruitment and retention of physicians, establishment of a PHC centre on the Alberta side of Lloydminster, establishment of a PHC centre and teaching centre co-located with Lloydminster Hospital, and improve after hours primary health care services. Work is underway on each of these strategies, along with initiatives to address the six other priorities identified by the report and planning committee. Physician and community involvement and support for the initiatives is strong and growing.

- **Innovative PHC Sites** - PNRHA has developed and submitted a proposal to the Ministry of Health for consideration of three test models as innovative primary health care sites. The models involve the Meadow Lake PHC team, the Turtleford PHC team, and development of a Lloydminster PHC model. Funding has been requested from the Ministry. Decision is expected early in 2012-13.

- **Chronic Disease Management** - Prairie North continues to improve its access to appropriate health care services for stroke patients, focusing on prevention and on rehabilitation. In the past year, PNRHA has:

  - Introduced new stroke education classes and one-to-one sessions for patients and families affected by stroke. The focus is on self-care management to assist with life after a stroke. Uptake of the program has been positive, with services provided to 66 stroke survivors.

  - Initiated a new rehabilitative service for stroke patients, as a 'one-stop-shop' for coordinated care for therapies, self-care education, and support. Outpatient Stroke Rehabilitation Clinics run weekly in Lloydminster and North Battleford. The clinics provide a single point of referral for stroke patients, coordinated therapy appointments, regular and ongoing assessment and follow-up, stroke education sessions, common client-centered goal setting, and regular communication with the patient's physician. In Meadow Lake, the service is offered by an inter-disciplinary Stroke Clinic Team that meets every two weeks to improve communication and coordination of care for stroke patients.

> ***"The age of the stroke patients is younger than anticipated. The Stroke Rehab Clinic staff believe that the services provided through the Clinics have prevented the need for at least six patients to go into long-term care."***
>
> *- Joan Wentworth, Manager*
> *PNRHA Chronic Disease Management Program*

  - Expanded the *Strides to Better Health* program in September 2011 to include cardiac rehabilitation, stroke and pulmonary clients. The expansion has resulted in a much broader and larger clientele, with participation in the program more than doubling since September. An exercise therapist was hired in July 2011 to support the exercise component of the Strides and home exercise programs.

Strategy

Collaborate with the Ministry regarding potential establishment of a satellite renal dialysis unit in Meadow Lake, expansion of satellite dialysis services in North Battleford, investigation of a community location for home hemodialysis in Meadow Lake, and planning for chronic renal insufficiency clinics.

Results

- With the support of $235,000 in one-time funding from the Ministry of Health (PNRHA News Release, December 20, 2011), Prairie North Regional Health Authority expanded hemodialysis service at Battlefords Union Hospital to six days a week.

  The BUH satellite dialysis unit began its six-day service the week of January 9, 2012. The unit now functions Mondays through Saturdays, serving a maximum of 12 clients Mondays, Wednesdays and Fridays; and eight clients Tuesdays, Thursdays and Saturdays. The unit previously operated three days per week, serving a maximum of 12 clients each day.

  The funding was used to upgrade the existing dialysis unit's water system and complete necessary renovations to the physical space. The province will also provide increased annual operating funding for supplies and staffing.

  The expansion means less travel time, expense, and stress for patients and their families in northwest Saskatchewan who need dialysis several times per week. Expanding the dialysis unit's operating hours means those patients can be treated closer to home.

GOAL (continued)

Achieve timely access to appropriate health care service.

Results - Saskatchewan Hospital

Prairie North Regional Health Authority operates Saskatchewan Hospital on behalf of the Ministry of Health to serve patients from across the province who need longer term psychiatric rehabilitation and whose needs cannot be met in local inpatient mental health facilities. Saskatchewan is a provincial resource and is the province's only specialized psychiatric rehabilitation hospital.

SHNB, as it is commonly known in reference to 'Saskatchewan Hospital North Battleford,' currently functions with 156 beds including a 24-bed Forensic Unit - home to the province's Forensic program.

Service delivery at SHNB includes short term and extended rehabilitation services; forensic service; and respite, assessment and consultation on a provincial basis. Outpatient services include assessment, psychosocial programs and follow-up, along with liaison with other service providers.

Care delivery focuses on ensuring individualization - that care for each patient is geared to his or her specific needs; normalization - providing care in as home-like and normal and environment as possible; continuity; and patient/family involvement.

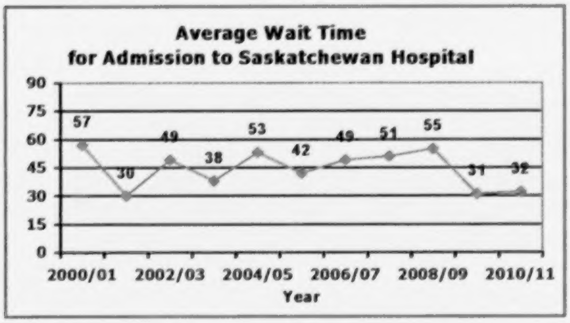
- The past year saw 163 clients admitted to Saskatchewan Hospital, 135 (83%) of whom were admitted to the Forensic Unit. The numbers are similar to those of 2010-11 when 166 clients were admitted to SHNB, 132 (79.5%) were to Forensics, and have remained consistent for the past several years.

- The average wait time for admission to Saskatchewan Hospital was 32 days in 2010-11, the most recent year for which statistics are available. This figure is consistent with the 31 days wait time recorded the previous year.

  The wait time does not include admissions to the hospital's Forensic Unit. Individuals are admitted to Forensics by order of the Justice system. Wait times for admission to the Forensic Unit are minimal.

The average wait time for all other admissions to SHNB varies from year to year, depending on factors such as the availability of beds for placements, progress of individual clients toward discharge from the program, and the ability to discharge clients back to their home communities.

SHNB functions at capacity with few, if any beds vacant to accommodate immediate admissions.



Average Wait Time
for Admission to Saskatchewan Hospital

- Individuals with complex needs continue to be admitted to Saskatchewan Hospital, primarily through Forensic Services. Four complex needs individuals were on the Forensic Unit for the majority of the past year, three of whom required constant observation. Individuals with similar needs reside in other units of SHNB.

GOAL

Continuously improve health care safety in partnership with patients and families.

Strategy

Continue to implement strategies in the Region's Board-approved Infection Prevention and Control Plan to ensure the organization is in compliance with relevant Canadian Standards Association (CSA) and Accreditation Canada standards.

Results

- Prairie North Regional Health Authority has adopted the philosophy that Infection Prevention and Control (IPC) is 'a way of thinking and a culture for all staff.' Work continues to incorporate infection prevention and control into all Health Region programs, creating a safer environment for all individuals who require the RHA's services.

- Prairie North's IPC coordinators are involved with construction and renovation projects in PNRHA facilities. The aim is to minimize the risk of infection for patients, residents, clients, visitors, health care providers, and construction/renovation workers during the projects. The Region's Maintenance and Trades departments continue to access CSA training to ensure they are knowledgeable in minimizing the risk of infection. PNRHA has also started requesting that all contractors providing construction or renovation services to Prairie North sites conduct a risk assessment and complete the required documentation. The IPC program reviews the infection control plans for all high-risk projects.

- Infection Prevention and Control created and launched a 'Be a Good Visitor' brochure to assist family members and visitors in keeping patients, residents, clients, and themselves safe from infection in health care facilities. The brochure is designed to address some of the infection control issues faced when members of the public visit a family member or friend in a health care location. Copies are readily available in Prairie North facilities and on the Region's website.

- At the request of the Region's Food Services departments, IPC created a learning tool for all dietary staff regarding provision of safe, quality care for patients and residents who have been placed on infection control precautions. IPC researched and developed a talking power point presentation for food service staff, several of whom have completed the education. Plans are to extend this education to dietary staff across Prairie North.

- The Region's Infection Prevention and Control Manual was updated in 2011-12 and is now readily available on Prairie North's MARS intranet site. All revisions and updates are now quickly and easily posted online for timely access to current information.

- The IPC coordinators created two new documents to supplement existing outbreak policies for respiratory illness and gastro-intestinal illness. The documents focus on movement of staff from different disciplines within a facility experiencing an outbreak, and movement of staff between outbreak and non-outbreak facilities. These documents have been incorporated into the IPC manual.

- PNRHA's IPC coordinators participate in the Provincial Technical Advisory Group for Infection Control. The group has completed creation of *Provincial Guidelines for the Management of Clostridium Difficile Infection in all Healthcare Settings.* The document will assist in providing consistent uniform care for all residents of Saskatchewan. The guidelines are to be incorporated throughout Prairie North in 2012-13.

- As part of the Infection Prevention and Control Plan, Prairie North maintains a comprehensive hand hygiene program. Hand hygiene is one of the most important infection prevention measures in which all health care workers, patients, families and visitors play a vital role.

  - Improving compliance with hand hygiene practices has been a challenge in all PNRHA health care facilities in 2011-12. A Regional Patient Safety and Hand Hygiene Coordinator was hired in January 2012 to oversee the hand hygiene program and work closely with the Region's Hand Hygiene Committee, hand hygiene auditors and facility managers throughout Prairie North.

  - The current focus is on increasing staff awareness of hand hygiene practices and their importance in patient and provider safety. The number of alcohol-based hand rub stations installed throughout the Region has been increased as staff becomes more aware of the need for easy accessibility at point of care. Seven new hand hygiene auditors have been added to the surveillance program, with the aim to establish one auditing team in each PNRHA facility.

Strategy

Continue to work to ensure compliance with Accreditation Canada standards for the 2010 Accreditation Survey.

Results

- Prairie North Regional Health Authority submitted its second report to Accreditation Canada, as required by May 3, 2011, in follow-up to the Region's 2010 Accreditation survey. Following the May 3rd report, PNRHA was required to submit more evidence regarding medication management. This subsequent report was due in November 2011.

  Following its submission to Accreditation Canada, Prairie North was advised it met all of the conditions for the 2010 accreditation and was congratulated on our determination and commitment to on-going quality improvement.

- Prairie North is now busily preparing for its next Accreditation Canada survey, anticipated for May or June 2013. The process will continue to help the Region better understand its status in terms of continuous safety and quality improvements.

  Twenty-four (24) specific teams are being established to assess PNRHA's status toward compliance with the related Accreditation standards. Over 900 of the Region's employees have already completed Accreditation Canada's self assessment questionnaires in advance of the survey. Results are being analysed for development of work plans to address areas of concern.

  Prairie North is looking forward to the 2013 survey to help identify what is being done well in the organization, what needs to improved and what next steps need to be taken to make those improvements.

Strategy

Implement a formal Medication Reconciliation Program in compliance with Accreditation Canada standards and consistent with Canada's *Safer Healthcare Now!* campaign to prevent medication errors at patient transition points.

Results

- Prairie North Regional Health Authority continued implementation of its Medication Reconciliation (Med Rec) program throughout 2011-12, in compliance with Accreditation Canada standards to prevent medication errors.

  At the end of 2010-11, Med Rec on Admission was in place for the Region's five acute care sites, six long-term care sites, and Saskatchewan Hospital. By the end of March 2011-12, Med Rec was implemented incrementally and being audited through all of Prairie North's acute care, mental health, long-term care, rural integrated care, and home care facilities and programs.

The focus over the past year was also on continued education and communication with the Region's health care providers, and with patients, their families and caregivers on the importance and processes required to ensure safer medication practices and prevention of harm.

- ► As the chart below shows, PNRHA greatly surpassed its target of closing the gap by 50% between its level of implementation at the end of March 2011 and 100% by March 31, 2012.

Medication Reconciliation Completed on Admissions PNRHA 2011-12

	Acute Care	Long-Term Care	TOTAL PNRHA
Quarter 4 2010-11	17.1%	14.3%	**21.5%**
Quarter 1 2011-12	54.3%	10.5%	**38.8%**
Quarter 2 2011-12	66%	41.7%	**63%**
Quarter 3 2011-12	74.4%	53.3%	**69.2%**
Quarter 4 2011-12	75.9%	100%	**81%**

  - At the end of March 2011, 17.1% of patients admitted to Prairie North hospitals had Med Rec done on admission, including their 'Best Possible Medication History'. As of the same date, 14.3% of clients admitted to LTC sites in PNHR had Med Rec done on admission.
  - By the end of March 2012, Med Rec on admission was completed on 75.9% of acute care patients and was done on 100% of admissions to long-term care. The chart shows continual improvement in compliance with Med Rec requirements throughout the past year, achieving a 109% improvement from the start of the 2011-12 fiscal year.

- ► For the year ahead, implementing Med Rec at the transition points of Transfer and Discharge has begun as the next step in preventing medication errors. The Surgical Unit of Lloydminster Hospital has implemented medication reconciliation on discharge of patients. Battlefords Union Hospital's health care teams are working on all units to implement Med Rec on discharge.

Strategy

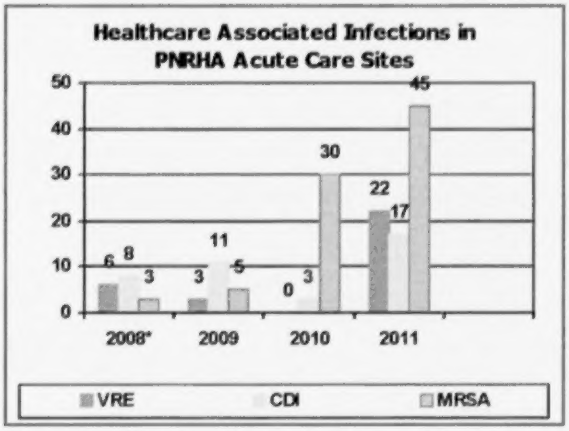
Participate in and implement strategies that come out of the provincial review of medication processes being used in long-term care.

Results

- ► PNRHA has identified, reviewed and added processes for medication reconciliation in long-term care to the Region's Med Rec Plan. These processes include:
  - Taking a client's 'best possible medication history' upon admission to LTC.
  - Reviewing clients' mediations on a quarterly basis in conjunction with regular assessments.
  - Reviewing client medications with pharmacists to improve care and reduce exposure to potentially inappropriate medication.
  - Including pharmacists and physicians in annual client/family conferences with nursing staff, the individual resident and the resident's family. All aspects of care including medications are discussed with the resident and family members.
  - Including the most current Medication Administration Record with residents if they are transferred to an acute care facility or discharged to another LTC facility.
  - Sending all medications along with a prescription from the resident's physician when a resident is discharged to his or her home, so that the individual can order their medications from a retail pharmacy.

Measurement Results

Healthcare Associated Infections (HAI) in PNRHA Hospitals - Battlefords, Lloydminster and Meadow Lake



** Note: 2008 Numbers do not include Meadow Lake data.*

This measure relates to PNRHA's Goal to continuously improve health care safety in partnership with patients and families.

A Healthcare Associated Infection (HAI) is an infection acquired in hospital by a patient who is admitted for a reason other than the infection. The infection becomes evident 48 hours or more after the patient is admitted or appears after the patient is discharged from hospital. HAI was previously defined as a nosocomial infection but has been redefined across the health care system.

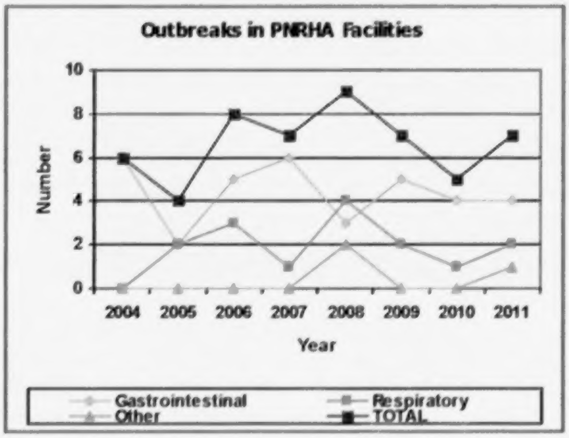
Prairie North's Infection Prevention and Control Program aims to reduce the number of infections patients acquire while in our facilities.

PNRHA monitors and reports on HAI within its three main hospitals: Battlefords Union, Lloydminster and Meadow Lake. The significant organisms monitored are methicillin resistant staphylococcus aureus (MRSA), vancomycin resistant enterococci (VRE) and Clostridium difficile (CDI, formerly identified with the abbreviation CDAD).

The measurement results show that the number of HAI VRE cases in Prairie North's three largest hospitals increased significantly in 2011. This is due primarily to an outbreak in Lloydminster Hospital. The number of HAI CDI cases increased from the levels recorded in the past three years. The number of healthcare associated infections of MRSA also continues to rise in all three sites. Changes in the definition of healthcare associated infections may account for some of the past year's increases. PNRHA is also looking into other factors that may have contributed to the increase in HAIs in the past year and will work to address those factors in the year ahead.

PNRHA continues to actively contribute to provincial initiatives aimed at accurately identifying and reporting these infections and developing effective interventions to decrease the incidence of HAI in our facilities.

Outbreaks in PNRHA Facilities

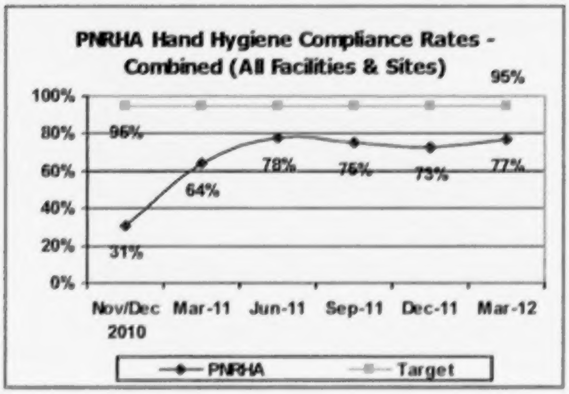


This measure also reflects PNRHA's Goal to continuously improve health care safety in partnership with patients and families.

Outbreaks of infectious disease are not uncommon in health care facilities. As the graph above shows, Prairie North experienced an increase in the number of infectious disease outbreaks in its hospitals and long-term care facilities over the past year. Four gastrointestinal outbreaks occurred in 2011; two respiratory outbreaks were declared, and one other outbreak occurred in a PNRHA site.

In total, seven outbreaks occurred in Prairie North facilities in 2011, equalling the 2009 number and up from the five recorded in 2010. PNRHA has guidelines in place to determine the source of any outbreak in its facilities and to limit the spread of infection as quickly as possible to minimize illness and deaths of residents, patients, and staff.

PNRHA Hand Hygiene Compliance Rates



Hand Hygiene Compliance Rates are a measure of Prairie North Regional Health Authority's Goal to continuously improve health care safety in partnership with patients and families.

Since its first audit in November 2010 that established the Region's baseline hand hygiene compliance at 31%, Prairie North has improved its hand hygiene performance by 148%, to 77% compliance throughout our facilities and sites. The target is 95% compliance by the end of March 2012.

Hand hygiene audits are conducted by members of the trained hand hygiene auditing team at 19 PNRHA facilities and sites.

Pillar 2: Health of the Population

Work with individuals and communities to improve the health of the population.

GOAL

Expand healthy lifestyle and disease prevention practices and choices.

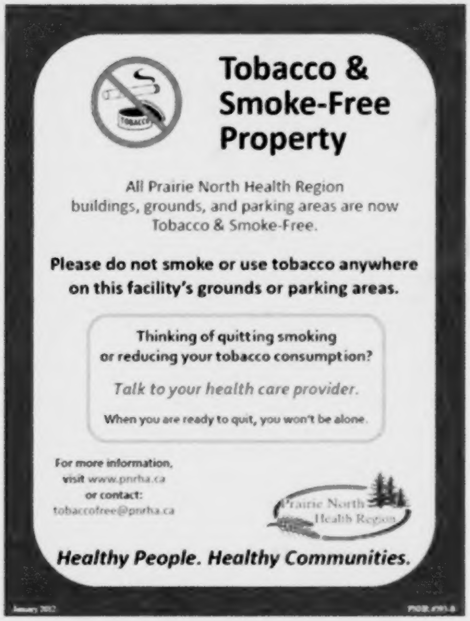
Strategy

Implement the Region's Tobacco and Smoke-Free Policy in support of the provincial comprehensive Tobacco Reduction Strategy.

Results

- Prairie North Regional Health Authority's Tobacco and Smoke-Free Policy came into effect April 1, 2011. Elements of the policy were implemented in phases over the next nine months, culminating on Weedless Wednesday January 18, 2012 when all PNRHA property became tobacco and smoke-free.
- A comprehensive communications plan was used to inform, encourage, and support clients, PNRHA employees, physicians, the public, and communities to become tobacco and smoke-free and to comply with the provisions of the policy. A multi-faceted approach was used to educate the various groups about their responsibilities within the policy and where supports can be accessed.
- The policy establishes help and support for clients, employees and physicians who wish to stop using tobacco products. A challenge has been to ensure that this help and support is consistently understood and available throughout the Region. Prairie North continues to work to make these supports accessible to all, regardless of where in the Region individuals access service.
- PNRHA has implemented a number of measures to monitor concerns with the policy, use of tobacco cessation counselling, use of tobacco cessation agents within the Region's facilities, and use of nicotine replacement therapy by inpatients.

- From January through March 2012, when PNRHA's property became formally designated as tobacco and smoke-free, 123 acute care and mental health inpatients made use of nicotine replacement therapy available from the Region.



Tobacco & Smoke-Free Property

All Prairie North Health Region buildings, grounds, and parking areas are now Tobacco & Smoke-Free.

Please do not smoke or use tobacco anywhere on this facility's grounds or parking areas.

Thinking of quitting smoking or reducing your tobacco consumption?

Talk to your health care provider.

When you are ready to quit, you won't be alone.

For more information, visit www.pnrha.ca or contact: tobaccofree@pnrha.ca

Healthy People. Healthy Communities.

January 2012

- PNRHA is also partnering with the Lloydminster Action for Tobacco Reduction (LATR) committee, focusing on raising awareness and reducing the rate of flavoured tobacco use in the community. The committee is community-based. Partners also include Alberta Health Services, and the Canadian Cancer Society Saskatchewan and Alberta/Northwest Territories Divisions. The committee also works closely with Lloydminster Public and Catholic School Divisions.

  Together, the partners joined the national 'Flavour… Gone' Campaign aimed toward a ban on the sale of flavoured tobacco in Canada. The campaign is a national movement in support of federal Bill C32.

  In support of this national movement, LATR launched a local postcard campaign that brings awareness to the issue and encourages constituents to let their local Member of Parliament know that they support a ban on sales of all flavoured tobacco products.

  Since launching the Lloydminster and area campaign, 15 communities from Saskatchewan and Alberta have joined the movement.

Strategy

Work with the Ministry to implement key recommendations from the provincial Children's Oral Health Strategy, that will enable good nutrition and oral hygiene practices for children at risk of severe tooth decay.

Results

- Prairie North Regional Health Authority began implementation in Fall 2011 of the provincial Enhanced Preventive Dental Services Initiative for pre– and post-natal mothers, and preschool and school-age children.

  The initiative focuses on disease prevention and health promotion, targeting services to children at risk of early childhood tooth decay. The initiative includes oral health assessments, referral and follow-up, fluoride varnish application, and dental sealant placement.

  Prairie North was among the first seven Saskatchewan health regions identified by the province for initial implementation of the initiative in schools with the highest need. The initiative is to be expanded to the remaining health regions early in 2012 (Ministry News Release, September 23, 2011).

- Oral health assessments were provided by public health nurses to all Prairie North children from two months to five years of age, according to Saskatchewan Child Health Clinic Guidelines, to identify children at risk of developing early childhood tooth decay (ECTD).

- Fluoride varnish clinics were held in Lloydminster, Meadow Lake, Neilburg, North Battleford, and Turtleford with 534 fluoride varnish applications provided to children ages six months to five years who were determined to be at risk of early childhood tooth decay. Since no PNHR communities offer community water fluoridation, all children in this age in Prairie North are considered to be at risk for ECTD. Fluoride varnish applications are also available to KidsFirst families on a home visit basis and at Battlefords Family Health Centre.

- The dental sealant portion of the program was rolled out to grade one children who attended schools in Prairie North and were identified as at risk for tooth decay.

Between October 2011 and March 31, 2012:

- 357 Grade 1 screenings were conducted;
- 210 children received dental sealants;
- 445 fluoride varnish applications were made;
- 131 individual treatment plans were completed; and
- Assessment and treatment was completed at nine schools.

In the fall of 2012, the program will be rolled out to include grade seven children at high risk schools.

- In January 2012, a policy was developed, approved and implemented to ensure that all children under age six in Prairie North would receive post-surgical follow-up in the community by a dental health educator.

Strategy

Participate in the development and implementation of the provincial service framework for individuals who have Autism Spectrum Disorder (ASD) or Fetal Alcohol Spectrum Disorder (FASD), and an FASD prevention strategy.

Results

- Prairie North maintained its focus on autism services in 2011-12, as work to develop a framework for ASD and FASD services continued at the provincial level. PNRHA's Autism Services Program continues to grow, from its start in the fall of 2009 with 14 children identified as affected by autism, to the current level of 84 active clients in the program - 56 of whom are school age.

- PNRHA's autism program now has a full-time consultant, half-time speech language pathologist, three support workers, and a full-time occupational therapist delivering services. The program also supports respite care to families with group programming, and direct financial aid to 30 families to continue program plans throughout the summer.

- All PNRHA Autism Services staff are completing or have completed the University of New Brunswick Certificate or Diploma course in Autism Services.

- Prairie North is a partner in the North Central Enhance Autism Project which allows access to consultative services for PNRHA autism program staff to assist them in dealing with difficult or unique cases. The partnership also allows access for specialized psychological services for adult autism clients.

Strategy

Strengthen colorectal cancer care in Saskatchewan through participation in the province-wide implementation plan of the Colorectal Cancer Screening Program.

Results

- Residents of Prairie North Health Region now have access to the Saskatchewan Cancer Agency's (SCA's) Screening Program for Colorectal Cancer. The early detection program was launched in PNHR on March 26, 2012, meeting PNRHA and the SCA's target for implementation by the end of the 2011-12 fiscal year.

  Successful launch of the program was the work of the PNHR/SCA Working Group including a number of representatives from both organizations. Preparations included education and information for PNRHA physicians and a host of other health care providers. Appropriate processes and instructions for providers were developed and put in place.

- Individuals between the ages of 50 to 74 in Prairie North will be invited by the Screening Program to participate. Individuals will be mailed invitations and, upon agreeing to participate in the program, will receive Fecal Immunochemical Tests (FITs) by which to provide a sample and mail it back to the Provincial Lab for analysis. Samples may also be returned to Lab facilities in Prairie North.

- Colorectal cancer is over 90% preventable and is easily treated when found in the early stages. By the end of March 2012, the screening program is available in 69% of Saskatchewan and will be available province-wide in the coming fiscal year.

Strategy

Develop and implement a Community Falls Prevention Strategy.

Results

- Prairie North Regional Health Authority has met its target for development and implementation of a Community Falls Prevention Strategy in 2011-12. The initiative is part of the Region's overall injury prevention plan, implementation of which began in the prior fiscal year.
- In 2011-12, Prairie North introduced the community falls prevention component of the overall plan. The aim is to reduce falls in the community. The Falls and Injury Prevention Coordinator has begun working with assisted living facilities in the Region to assist them in reducing falls and injuries of residents and staff.
- A further initiative has been introduction of a home exercise program for seniors, with support and reinforcement by members of their health care team. The aim is to assist clients in beginning basic exercises at home to improve strength and balance without waiting for therapy assessment. Facilitators have hosted three groups thus far with a total of 32 participants.

Measurement Results

Immunization Rates for Two-Year-Olds (MMR)

Percentage of Immunization Achieved for 2-year-olds - MMR

	PNHR rate	SK rate
2007-08	70.2%	76.2%
2008-09	71.7%	79.4%
2009-10	59.2%	69.3%
2010-11	65.5%	73.0%
2011-12	Not yet available	Not yet available

Source: Saskatchewan Immunization Management System (SIMS), Ministry of Health

Child immunization rates are a measure of PNRHA's Goal to expand healthy lifestyle and disease prevention practices and choices.

Immunization is an essential primary health service that reduces the amount of disease in communities, lowers the severity of illness and the frequency of hospitalization, and decreases health care costs. To protect the public, the Public Health Agency of Canada recommends 95% immunization coverage for children by age two years.

As the chart shows, Prairie North was successful during 2010-11 (the most current year for which data is yet available) in improving its childhood measles, mumps, and rubella (MMR) immunization rates for two-year-olds.

Success was achieved through implementing follow up of children who did not receive their two-month immunization, and follow up of children who are 20 months old and have not received all recommended immunization for their age. Many activities have been implemented over the past two years to raise PNHR's childhood immunization rate.

The Region expects that the rate will have continued to rise during 2011-12, as PNRHA increased the number of drop in child health clinics in North Battleford and Lloydminster, held a Teddy Bear Clinic in North Battleford, and provided immunization and information at special venues such as the 'Bellies and Babies Extravaganza in Lloydminster.

In 2011-12, a medical office assistant was hired for a period of time to phone all families who had children identified as lagging in their immunizations. A total of 651 parents were called resulting in 72 families booking their children to bring their immunization up-to-date.

Prairie North also piloted a new approach to its childhood immunization program through July and August 2011. Public health nurses went out and about in the community over the summer, taking the immunization program to neighbourhoods throughout The Battlefords.

MMUNIZATION
VAN

Parents brought their children to the Immunization Van to receive their required immunizations. A total of 222 immunizations (separate vaccine injections) were given to 85 children during the 9.5 days the van toured the community.

GOAL

Build ownership with individuals, communities and partners to improve the health of the population.

Strategy

Comply with the provincial HIV Strategy (focused on increasing capacity on the front lines, enhancing capability through training, and engaging communities to address HIV and AIDS prevention, education, treatment, and awareness) through implementation of a regional strategy to address the increase in HIV rates.

Results

- Implementation of the Provincial HIV Strategy began in PNHR in 2011-12, meeting the Region's SOD target through development of a work plan.
  - A Regional HIV Program Coordinator has been hired, along with a full-time outreach worker in Lloydminster and a half-time outreach worker in Meadow Lake. The Lloydminster position is the result of a partnership with the Lloydminster Community Drug Strategy Committee.
  - In addition to the provincial focuses of the program, Prairie North's HIV Coordinator provides direct support to patients with positive HIV status. Going forward, the measures for the program will include rates of newly reported HIV cases, incident rates for sexually transmitted infections, the number of schools where partnerships for delivery of the sexual wellness curriculum occurs, and the number of point of care testing sites in the Region for HIV.

Pillar 3: Providers

Work with health service providers to ensure safe, supportive, and quality workplaces that model our values.

GOAL

Work together to build a workplace that supports the adoption of both patient- and family-centred care and collaborative practices.

Strategy

Participate in the provincial dialogue on the role of physician leadership in health system transformation.

Results

- Prairie North Regional Health Authority joins the province in recognizing the importance of engaging physicians in provincial and regional initiatives to improve medical care. In collaboration with the province, PNRHA began exploring how this can be accomplished now and on an ongoing basis. PNRHA's focus throughout 2011-12 has been on:
  - Physician recruitment;
  - Physician privileging and credentialing;
  - Quality improvement; and
  - Physician engagement.
- As of March 31, 2012, PNRHA's total physician complement stood at 98 general practitioners and specialists living and working in the Region. Not included in this number are visiting specialists who provide itinerant service to the PNHR population in a variety of different specialties and capacities.
  - During the year, 10 physicians left practice in Prairie North, while 13 physicians new to the Region joined its medical staff. This represents a net increase of three new physicians including family physicians and specialists practicing and augmenting services in psychiatry, otolaryngology (Ear, Nose and Throat), obstetrics and gynaecology, and surgery.

This represents a 10.2% physician turnover rate, close to the Region's goal to reduce the annual turnover of physicians in PNHR to under 10% by 2013. International medical graduates still comprise the majority of new medical staff members.

- Prairie North is working with the University of Saskatchewan (U of S) College of Medicine on several fronts including recruitment of graduates to populate the Region's medical staff. PNRHA has recruited several locally trained physicians who either have or are expected to establish practice in the Region in 2012-13.
- PNRHA is also a participant in the U of S College of Medicine Distributed Medical Education initiative to help train and mentor student physicians in locations outside Saskatoon and Regina. The initiative has targeted North Battleford as the host of a site program for family medicine residents by the year 2013. This is in addition to the traditional, ongoing participation of North Battleford, Lloydminster, and Meadow Lake as educational resources for medical students and resident for both the U of S and the University of Alberta.
- The Region has undertaken considerable resource allocation toward improving physician access to continuing education opportunities. This includes participation with the U of S College of Medicine in increasing accessibility to certification pathways for family physicians.
- Prairie North continues to work closely with the Physician Recruitment Agency of Saskatchewan (PRAS) and the Saskatchewan International Physician Practice Assessment (SIPPA) program as sources of potential recruits and reliably trained and orientated practitioners for PNHR.
- Prairie North Regional Health Authority has implemented considerable change, strengthening, and standardization of its physician credentialing and privileging processes over the past year, in response to the Provincial Auditor's review and report into the Region's practices in late 2010-11 and early 2011-12. With the aid of a consultant, PNRHA implemented more robust requirements for credentials in selected areas of practice. A new re-appointment and documentation process for physicians has been instituted. Ongoing review and emphasis on orientation of new practitioners is part of this improvement process.

GOAL

Work together to create safe, supportive and quality workplaces.

Strategy

Improve scheduling processes, attendance support, and workplace safety to reduce wage-driven premium and injury costs.

Results

- **Scheduling Processes** - Prairie North Regional Health Authority maintained efforts throughout 2011-12 to improve scheduling processes. The focus has been on Lloydminster Hospital and its Lean value stream on staff scheduling. By year end, the value stream team had identified many areas and recommendations for improvement. Largest on the list was developing scheduling guidelines for all Lloydminster Hospital departments. The guidelines have been shared with the units and, pending final input from specific areas, will be rolled out to schedulers.

  Team members intend to tackle other recommendations in the months ahead including tracking of denied shifts and distribution of flow sheets. Improving staff scheduling results in optimized use of staff resources to deliver patient care and helps reduce overtime and other premium costs incurred through staffing.

- **Attendance Support** - PNRHA's Attendance Support Program has been successful in the past year in enhancing a number of employees' regular attendance at work.

  Between February 2011 and March 2012, 160 individual sick time reports were generated for the purpose of holding initial informal (Phase 1) meetings with each individual about their sick time utilization/lack of attendance at work.

  As of the end of March 2012, 64 individuals were in the Phase 2 and 3 stages of the Attendance Support Program where regular meetings are held with each of the employees every three to four months. If an individual enters these phases, he or she is continually met with until they show a year of improvement in sick time utilization/regular attendance at work.

In the past fiscal year, 13 employees' attendance meetings were discontinued after the workers showed an entire year of sustained improvement in regular attendance at work. To date, termination of an employee through the Attendance Support Program has not occurred.

The program applies consistent processes, encourages open communication, and identifies many options the health region can provide to employees who are having difficulty with regular attendance at work.

► **Workplace Safety** - Prairie North is committed to the provincial Health and Safety Charter, signed in 2010, which supports the continuous improvement of healthy and safe workplaces. To this end, PNRHA has established a Department of Health and Safety to oversee and direct numerous health and safety requirements and initiatives throughout the organization. The department has completed its first full year of operation and has recorded many activities and successes:

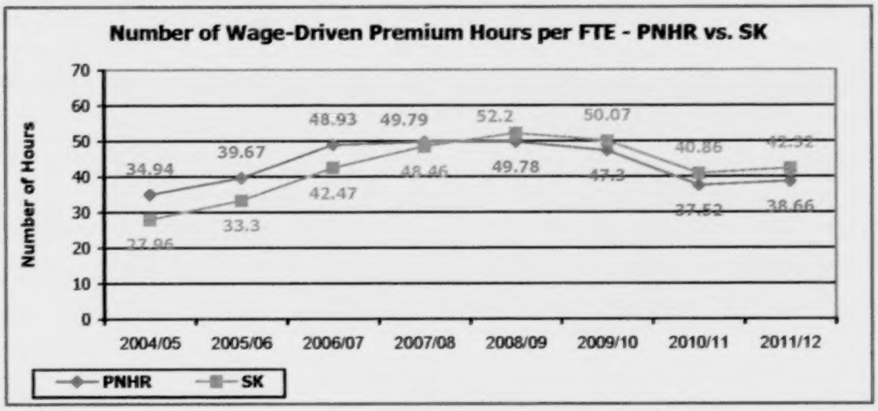
- The Senior Leadership Team (SLT) has implemented safety walkabouts in one facility as a pilot project to reinforce health and safety practices and behaviours. The pilot project has been very successful and the audit tool has been revised. Safety walkabouts were started in July 2011 and 25 have been completed.
- A fifth Workers' Compensation Board (WCB) audit of the safety management system was completed in April 2011. Through this audit PNRHA can reflect and celebrate the success and commitment of all managers and staff in their efforts to prevent workplace injury and illness, and ensure workplace safety. The RHA can also identify opportunities for improvement that will lead towards mission zero and the achievement of zero workplace injuries.
- Prairie North RHA proactively supports the safety management system through commitment in education and training. Regional orientation is offered in North Battleford, Lloydminster and Meadow Lake once each month.

  Five-hundred-forty-two (542) new employees started in our health region in 2011-12: 83% completed orientation prior to starting in the workplace. The Region's goal is to achieve 100%.

  Respiratory fit training, Occupational Health Committee (OHC) training, Transfer Lift and Repositioning (TLR) training, violence prevention training and Workplace Hazardous Material Information System (WHMIS) programs have all been reviewed and/or revised. Training records are now kept electronically throughout the health region and regional indicators are provided on the progress of recertification requirements.
- PNRHA has revised and enhanced the reporting process for near misses and workplace incident investigations. A toolbox has been created on the Region's intranet site to assist managers and employees in rollout of the new policy and procedures. A mandatory quiz is also on the site to verify understanding of the new policy and procedures.
- An electronic database has been established for the workplace incident reporting process. Cumulative statistical data on workplace incidents are now available to all managers and employees on the Regional website to establish trends and quality improvements.
- Prairie North has focused attention on the hazard identification and control element of the safety management system by establishing a regional process to complete the job safety analysis. This process identifies high risk tasks/hazards associated with a particular job, and documents the proper controls and training necessary to eliminate or reduce risks. This remains work in progress and is dependent on resources to facilitate the process.
- A quarterly newsletter "Safety Matters" was initiated as a communication tool to promote employee health and safety.
- Prairie North promotes the value that illness prevention brings to the workplace. A regional influenza campaign was promoted over the past year and resulted in influenza immunization rates among staff increasing to 63.1% in 2011-12, from 51% in 2010-11.
- PNRHA continues to focus efforts on development of a structured return-to-work program which emphasizes that many employees can safely perform productive work during their recovery process from an injury, and that doing so provides physical and emotional benefits that can aid the recovery process.

Measurement Results

Wage-Driven Premium Hours per FTE


Number of Wage-Driven Premium Hours per FTE - PNHR vs. SK

Source: Ministry of Health Dashboard Measures 2011-12

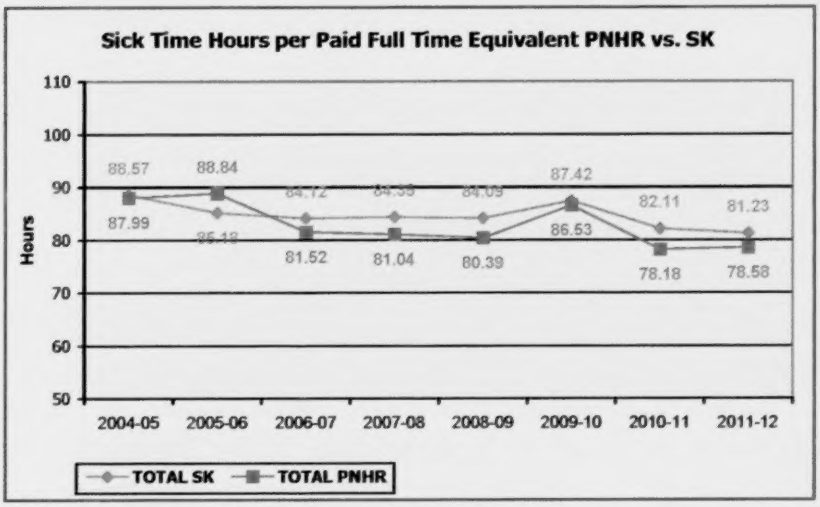
This measure speaks to PNRHA's Strategy to improve scheduling processes, attendance support and work-place safety to reduce wage-driven premium and injury costs. Wage-driven premium hours include overtime and other premium hours.

PNRHA did not achieve its target of a 9.7% reduction in Wage-Driven Premium (WDP) Hours per Full-Time Equivalent (FTE) position in the past year. Instead, Prairie North's rate per FTE rose by 3%, increasing to 38.66 hours, from 37.52 in 2010-11.

The province did not achieve its targeted reduction of 12.3% in WDP hours per FTE for 2010-11. Its rate rose by 3.6%, to 42.32 hours for 2011-12 from 40.86 hours the previous year.

It is important to note that the data does not include the small number of PNRHA employees who are not captured in the 3sHealth (formerly SAHO) payroll system. These individuals are PNRHA employees on the Alberta side of Lloydminster and are on a separate payroll system.

Sick Time Hours Per FTE


Sick Time Hours per Paid Full Time Equivalent PNHR vs. SK

Source: Ministry of Health Dashboard Measures 2011-12

This measure also reflects Prairie North's Strategy to improve scheduling processes, attendance support and workplace safety to reduce wage-driven premium and injury costs.

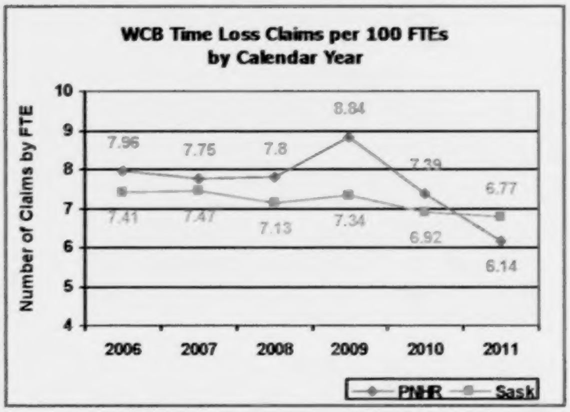
Absence as a result of illness (sick leave) or injury is often viewed as a measure of the overall health of a workplace.

PNRHA did not achieve its target of a 4% reduction in sick leave hours per FTE by the end of 2011-12. Prairie North's rate per FTE rose by 0.5% to 78.58 hours per FTE from 78.18 in 2010-11.

Provincially, the targeted 5.1% reduction in sick leave hours per FTE for the past fiscal year was not achieved though the rate declined by 1.1%, to 81.23 hours per FTE from 82.11 in 2010-11.

Again, Prairie North's Alberta employees are not included in the calculations.

WCB Time Loss Claims



Source: Ministry of Health Workforce Planning Branch

The measure of WCB Time Loss Claims per Full-Time Equivalent position is an indicator of PNRHA's progress toward achieving its strategy to improve scheduling processes, attendance support and workplace safety to reduce wage-driven premium and injury costs.

The graph above illustrates a substantial reduction for Prairie North in the past year in the number of WCB time loss claims per 100 FTEs. By calendar rather than fiscal year, PNRHA's rate dropped to 6.14 from 7.39 in 2010. This is a reduction of 1.25 time loss claims, equalling a 17% improvement.

As the graph shows, 2011 marks the first time Prairie North's rate has been below that of the province as a whole. The province's rate also declined from 2010 to 2011, to 6.77 time loss claims per FTE.

Note: *The above measure differs from that reported in previous years in PNRHA's Annual Report. This year's measure is based on calendar years; past years' measure has been reported based on fiscal years. This year's measure is therefore not directly comparable with that of previous years.*

PNRHA is also unable to present the WCB Time Lost Days per 100 FTEs measure due to data conversion underway at WCB. The year end report of Time Lost Days is unavailable.

GOAL

Ensure that the Region's health service providers have the relevant knowledge and required skills and tools to perform their jobs.

Strategy

Continue to establish and maintain partnerships with First Nations and Metis communities and organizations to effectively attract, recruit, retain and promote First Nations and Metis employment and participation in Prairie North Health Region.

Results

- ► Prairie North Regional Health Authority continues to make progress toward achieving a representative workforce, through the Region's three-year Representative Workforce Strategy that began in September 2009. As of December 31, 2011, 188 PNRHA employees identified themselves as being of Aboriginal heritage. This represents 6.1% of the Region's workforce, up from 5.2% at the end of 2010, and 4.5% at the end of 2009.

  Prairie North reached its target of a 6% representative workforce by the end of 2011. The target is 8% by December 31, 2012. Ultimately, Prairie North RHA aims to increase the First Nations and Metis representation in the Region's workforce toward the 29% Aboriginal demographic of PNHR's population.

- ► In the past year, many efforts have been maintained or initiated to improve Aboriginal awareness, understanding, and participation in the workplace. These include:
  - Aboriginal Awareness Training (AAT) incorporated into Regional Orientation for all new employees. AAT is mandatory education for all employees. PNRHA also provides the training to other-than Prairie North employees as time permits. Thirty-three (33) training sessions were conducted by the Region in 2011 with 402 individuals receiving the training.
  - Development of a Manager's Toolkit to assist managers with recruitment and retention of Aboriginal employees.

- Development of a newsletter to showcase the Region's Representative Workforce champions and positive role models.

- Revision of the Region's Representative Workforce Policy and Procedures and inclusion in the Regional policy manual.

- Introduction of exit interviews specific to Aboriginal employees to help identify and find solutions to barriers in the PNRHA workplace and improve recruitment and retention of Aboriginal workers.

- Initiated a networking group within PNRHA facilities, where Aboriginal employees act as mentors for other Aboriginal workers. The aim is to establish networking groups in each Prairie North site.

► To establish and maintain partnerships with First Nations and Metis communities and organizations, PNRHA has:

- Continued to provide career presentations to high school students in the Region, attending five schools in 2011 and connecting with approximately 100 students.

- Participated in four career fairs meeting and providing information with an estimated 400 students.

- Attended Treaty Days in six First Nations communities, connecting with 150 to 250 individuals at each event.

- Joined the Meadow Lake Interagency Committee to share Prairie North initiatives and learn from other Committee members to improve success in Representative Workforce development in PNHR.

- Become a partner in the provincial Circle of Partners group of representative workforce coordinators throughout Saskatchewan.

Strategy

Develop and implement a three-year comprehensive Health Human Resource Plan that reflects the provincial 10-year Health Human Resource Plan.

Results

Joint SUN/PNRHA Retention and Recruitment Committee

► The past year was a highly active, exciting and productive one for the Joint Committee established in 2009 under the SUN/Government Partnership Agreement. The Committee continued to implement initiatives that address registered nurse (RN), registered psychiatric nurse (RPN), and nurse practitioner (NP) retention and recruitment issues. Greater awareness of the work of the Committee and the opportunities available to assist nurses and enhance educational opportunities has led to benefits for both new and experienced nurses.

The Committee seeks to retain existing nursing staff, while attracting new nurses and creating a supportive environment and quality workplace that models the values and goals of the Region.

► Highlights of the past year have been:

- Motivational workshops on 'Healing Nurse to Nurse Hostility and How Professionals Communicate'. Over 160 PNRHA staff participated.

- Educational sessions on 'Addressing Legal Risks in Nursing: Accountability and Documentation', presented through the Canadian Nurses Protective Society.

- Training sessions regarding online resources for nurses and access to the Nurse One portal to explore peer networking for nurses. One-on-one training was available for all interested nurses.

- Introduction of the MORE^{OB} (Managing Obstetrical Risk Efficiently) educational program on the obstetrical unit of Battlefords Union Hospital under co-sponsorship of the Committee and the RHA. The three-year training plan is a comprehensive patient safety, quality improvement, and professional development for caregivers in hospital obstetrical units.

- Designation of funding support for Leadership and Nursing Management training. The Committee is working on how to best offer the training to nurses in the Region.

▶ The Committee's Nursing Educational Support program and the Mentorship Professional Development Support initiative also continue to be available and accessed by PNRHA nurses.

▶ The Joint SUN/PNRHA Retention and Recruitment Committee will also work with the provincial SUN/Government Partnership team working group looking at mitigation of risks of retirement due to the high number of nurses eligible to retire in the province in the near future.

Measurement Results

SUN/Government Partnership Agreement

SUN /Government Partnership Agreement – PNHR RN, RPN, and NP FTEs

	# of FTEs Added	Target # of FTEs to be added	Total FTEs reflecting added Partnership FTEs
2007-08	---	70	369.48
2008-09	7.01	---	376.49
2009-10	35.87	---	412.36
2010-11	29.12	2*	439.48
2011-12	7.57	2*	443.48
Total	**79.57**	**74***	**449.05**

Source: SAHO Payroll Data

*** Note:** *Two additional FTEs were added to PNRHA's Target # of Partnership FTEs by the Ministry of Health/SUN Partnership Committee in each of 2010-11 and 2011-12 to increase the Region's target to 74.*

This measure supports PNRHA's strategy to develop and implement a three-year comprehensive Health Human Resource Plan that reflects the provincial 10-year Health Human Resource Plan.

Prairie North Regional Health Authority has achieved and surpassed its SUN/Government Partnership Agreement revised target of adding the equivalent of 74 full-time registered nursing hours (used and paid for) by the end of the 2011-12 operating year, from the time the Partnership began in 2007-08.

PNRHA actually has 5.57 more SUN FTEs, raising the total SUN Partnership FTE positions to 449.05 at the end of 2011-12.

Strategy

Implement two key actions to improve employee engagement.

Prairie North Regional Health Authority took part in the province-wide 2011 survey of health region employees to measure and better understand their level of engagement. While a relatively low number of PNRHA employees took part in the survey (16%), the results are statistically valid and provide excellent direction for Prairie North.

Overall engagement in the organization was measured at 63 per cent favourable, 22 per cent neutral, and 15 per cent unfavourable. High-level results of the survey identified key areas that offer the most potential for driving employee engagement in Prairie North:

Key Drivers of Engagement in PNRHA
Organizational Vision
Professional Growth
Patient and Family-Centered Care

Highest Engagement
Workplace Health & Safety
Work Environment
Professional Growth

Areas for Potential Improvement
Information & Communication
Senior Leadership
Organizational Vision

In December of 2011, the survey results were shared with Prairie North employees. Employees also took part in focus groups held in January 2012 to further explore the themes that emerged.

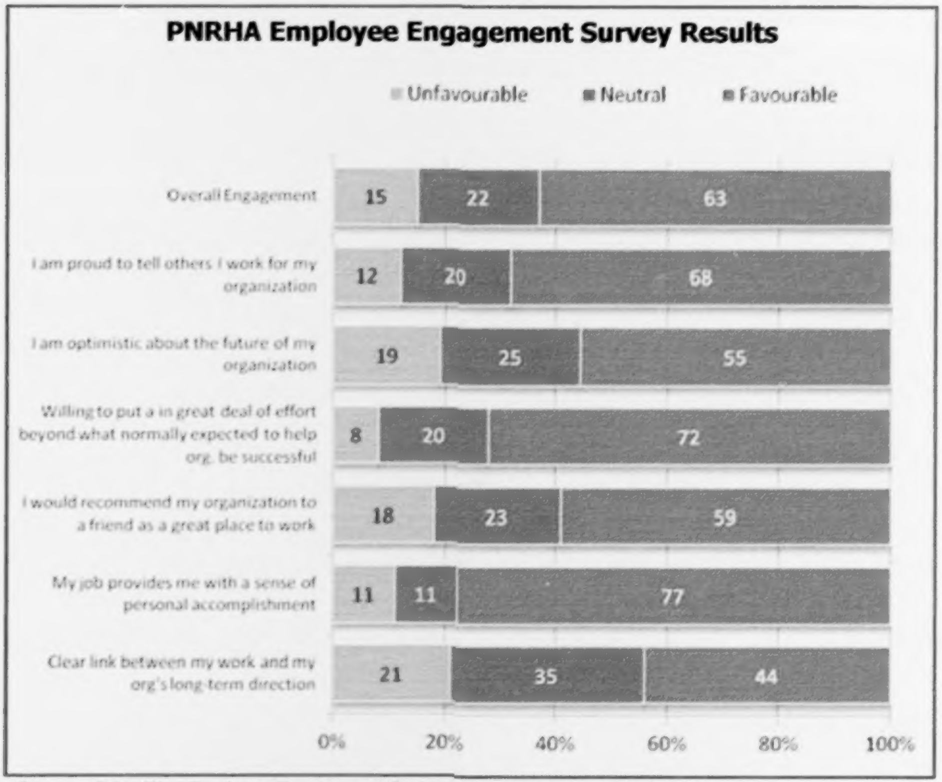
Results

▶ PNRHA met its SOD target to implement two key actions by March 31, 2012 to improve employee engagement:

- a high-level steering committee made up of senior leadership, human resources, and communications representatives was established to ensure the task of improving engagement is kept top-of-mind within the organization; and
- Further information was gathered from front-line staff through three separate focus groups, involving different groups of employees both in-scope and out-of-scope.

Further, the Employee Engagement Action Team (EEAT) was organized, involving front-line staff and management in strategies to improve engagement. The team will be very active in 2012-13.

- A Communication for Leaders program has been developed and implemented in the Region. The program aims to introduce effective inter-personal communication and conflict resolution skills to frontline managers. The initial workshop day is supplemented with ongoing mentoring sessions to answer and coach managers through difficult conversations as they utilize the skills presented and discussed at the initial workshop session.
- In Lloydminster under the initiative of the Senior Liaison position, an employee engagement approach dubbed 'Thursday Think Tanks' have been implemented. The Senior Liaison Officer and Director of Quality and Safety visit the hospital or a community services department each Thursday afternoon to gather information from frontline staff about areas in which they believe PNRHA is excelling or need improvement. The employees are also encouraged to identify and offer strategies for change. The second part of the process involves feedback sessions with staff to inform them of suggested changes that will occur over what timelines.
- Efforts to improve employee engagement will be sustained over the coming years, as the organization works to transform the employee culture in Prairie North.



Source: TalentMap Employee Engagement Survey Executive Report October 2011

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Pillar 4: Sustainability

Foster Regional and health system sustainability that ultimately improves health care services.

GOAL

Achieve best value for money while improving the patient experience and population health.

Strategy

Work collaboratively with the Ministry, RHAs/SCA and other stakeholders to capture cost savings by developing and implementing a work plan to achieve shared services and procurement initiatives.

Work collaboratively to achieve the benefits of group purchasing.

Results

► Prairie North Regional Health Authority has participated in the provincial move to Health Shared Services Saskatchewan - 3sHealth which was formally established in 2011. The aim is to collaborate with the health regions and Saskatchewan Cancer Agency (SCA) in identifying and implementing selected administrative and clinical support services that could be delivered in a shared services model. By sharing specific functions, the health regions and SCA expect to improve the quality of services provided, lower costs, and redirect resources to patient.

The need to achieve efficiencies was identified in the Patient First Review Report in 2009, and directed by Government in the years since.

Broad objectives of 3sHealth, in partnership with the health regions and SCA, include creating enhanced value to the health system, improving service quality and lowering the cost curve. Key achievements for 2011-2012 include:

- Establishing 3sHealth, appointing the CEO, and developing the governance structure to direct the strategic and operational objectives. Shared services delivered by the Saskatchewan Association of Health Organizations (SAHO) were assumed by 3sHealth.
- Leveraging additional group purchasing contracts to increase buying power with provincial and national procurement contracts for clinical supplies, resulting in provincial savings of over $7 million in the past year.
- Automation of purchasing functions through the implementation of software to standardize product lists, track contract pricing or inventory requirements, and reconcile invoices to purchase orders expecting to save $5 million in the first full year.
- Enhancements to human resource business processes to standardize procedures and enable employees through the implementation of electronic functionality, saving printing and paper costs, and increasing accuracy of information.
- Initiation of work to develop a provincial laundry strategy to enhance quality and infection control standards, achieve efficiencies and secure safe working conditions. A solution is expected to be announced in 2012.

Work focused on group purchasing, automating human resource business processes and a provincial laundry solution will continue in 2012. Additional opportunities for shared services will be analyzed and strategies implemented with a view to achieving a five year target of $100 million in provincial savings.

GOAL

Improve transparency and accountability through measurement, reporting, communication, and an ethical decision-making framework.

Strategy

Refine and utilize the Balanced Scorecard measurement and reporting framework for Prairie North Health Region.

Results

► PNRHA met its target to redevelop and update its balanced scorecard reporting mechanism to reflect the Region's SOD document and key provincial system measures. Prairie North's Quality and Safety Report is prepared and presented quarterly to the RHA Board.

GOAL

Ensure that facilities, equipment and technology are in place to effectively support operations.

Strategy

Maintain and action a three-year Capital Management and Information Technology Plan that reflects the Region's priority needs in accordance with our values of safety and client service delivery.

Results

Lloydminster Hospital

- Progress continued throughout 2011-12 to redevelop the front entranceway, Admitting area, and Emergency department of Lloydminster Hospital to improve patient access to emergency services. The $3-million project also includes creation of a Mammography Suite and introduction of digital mammography services at Lloydminster Hospital. Renovation was required in the Medical Imaging department to accommodate the suite. The overall project is jointly funded by the Province of Saskatchewan, Province of Alberta and Lloydminster Region Health Foundation (LRHF) each providing $1 million. Funding was announced in November 2010.
- Renovations to the Emergency and Admitting departments, and the front entrance to the hospital were completed by the end of March 2012. Completion of the mammography suite was awaiting installation of the digital mammography equipment. The new service is to begin operation in July 2012.
- An event marking completion of the renovations and introduction of the new service is being planned for late summer 2012.

New Long-Term Care Facility, Lloydminster

- Work began on the new Alberta-owned long-term care facility in Lloydminster at the start of 2011-12. By the end of the fiscal year, construction of the building was 35% to 40% complete. The contractor is scheduled to sign over the new building to Alberta Health Services/Alberta Infrastructure in February/ March 2013.
- The $40 million project will replace the oldest 55-bed wing of the existing Dr. Cooke Extended Care Centre (DCECC). The project was announced in early 2008, with the tender awarded in late March 2011. Prairie North has been an active participant on the project's Steering Committee and will operate the new facility on behalf of Alberta, as PNRHA does with DCECC. The new LTC home is being built on the Alberta side of Lloydminster.

Battlefords Union Hospital, North Battleford

- Prairie North RHA received $1.9 million in funding in 2011-12 from the Saskatchewan Surgical Initiative to expand surgical capacity at Battlefords Union and Lloydminster Hospitals. A portion of the funding was to support renovation and expansion of the day surgery unit at BUH.

  Renovations to accommodate relocation of the day surgery unit on the Second Floor of BUH began in November 2011, with expected completion in August 2012.

  Renovation on the Third Floor of the hospital to facilitate relocation of the Intensive Care Unit (ICU) from Second Floor and creation of a new endoscopy suite in the former ICU space are scheduled to begin in the fall of 2012.

2011-12 Capital Management Plan

- Prairie North completed approximately 60% of the projects planned for 2011-12 under the Region's Capital Management Plan for 2011-12. the most significant project was renovation and expansion to accommodate the new Primary Health Care Centre in Meadow Lake.

Strategy

Maintain and action a rolling three-year Capital Equipment Plan that reflects the Region's priority needs in accordance with Regional values of safety and client service delivery.

- PNRHA maintains an ongoing Capital Equipment Plan to identify, manage and facilitate purchase of equipment to support all services across the Region. Prairie North purchased and accepted delivery of approximately $2.5 million or 70% of the equipment approved in the 2011-12 Capital Equipment Plan.

Strategy

Plan, design and commence construction of a new Northland Pioneers Lodge, Meadow Lake.

- Planning continued through 2011-12 toward construction of a new $24.5 million, 60-bed long-term care home in Meadow Lake to replace Northland Pioneers Lodge. Site selection was finalized in February 2012 through a generous donation of land by local residents Eve and Jake Danilkewich. Work is underway to complete tender documents and secure local contribution agreements. A fall 2012 tender award for the project is anticipated.

Strategy

Plan for replacement of Saskatchewan Hospital North Battleford.

- On June 9, 2011, Prairie North Regional Health Authority hosted Saskatchewan Premier Brad Wall on a visit and first-hand tour of Saskatchewan Hospital. The visit provided an opportunity for SHNB residents, staff and managers along with PNRHA leaders to reinforce the recommendation that the nearly 100-year-old Saskatchewan Hospital be replaced.

  Premier Wall acknowledged "there's no substitute to seeing things first hand." He described the tour as "a compelling presentation."

- Subsequently, on August 18, 2011, Premier Wall and the Minster of Health made a return visit to SHNB and announced the government's commitment to replacement of Saskatchewan Hospital North Battleford.

  Wall further announced that the province was providing $8 million immediately so that PNRHA could begin work on detailed planning. Once those plans receive government approval, tendering and construction will follow. The new facility is to house 188 patients for rehabilitation, forensic appraisal, and monitoring. The new building will have increased capacity to reduce wait times for services. (Government of Saskatchewan News Release, August 18, 2011).

  The announcement was the highlight of the year for Saskatchewan Hospital residents and staff.

- Detailed planning is to use Lean methodology to ensure efficient use of space and a patient- and family-centred environment. By the end of 2011-12, this Lean 3P planning (production, preparation, process) had yet to begin.

Premier Brad Wall:

> ***"We are following through on our promise to replace this building with a facility that creates a better, more effective environment for therapy and recovery. Our government wants to make sure the patient will come first in this new facility, and in mental health services across the province."***
>
> ***August 18, 2011***

Photo courtesy Battlefords News-Optimist

Pillar 5: Supporting Processes

Focus on organizational excellence and innovation.

GOAL

Build a culture of continuous safety and quality improvement through adoption of recognized "best practices".

Strategy

Continue to implement Lean across the care continuum.

The Lean transformation journey is about changing the culture of an organization. The Lean process involves mapping the current state of a department, unit, ward or process (the Lean Value Stream). The Lean Team then looks at what it wants the process, ward, unit, or department to be or look like in the future.

A plan is developed to go from where the team is to where it wants to be. Small incremental changes create new perspectives, new opportunities, and often, breakthrough events.

Results

- ► Prairie North Regional Health Authority continued along its Lean journey throughout 2011-12. Under the direction of the Director of Quality and Safety, two full-time Lean consultants helped promote, establish and support Lean initiatives across the Region. A Lean Steering Committee helped support, promote, facilitate, and prioritize Lean projects. The steering committee reviewed requests for new Lean initiatives using a standardized application process to help determine the priorities for the Region.
- ► Twenty three (23) Lean Value Streams or initiatives have been in place within PNHR since October 2009. Many of these teams continued their efforts as they progressed toward achieving their goals set out in their Continuous Improvement work. Others have achieved enough of their identified goals that it has been decided they can continue their Improvement work on their own. They have made the transition from project to "Daily work."
- ► The existing Lean Value Streams in place were:
  - Discharge Planning - Battlefords Union Hospital - October 2009
  - ER Outpatient Record - Lloydminster Hospital - October 2009
  - Laundry Services - January 2010
  - Staff Scheduling - Battlefords Union Hospital - January 2010
  - Materials Management/Maintenance - Battlefords - January 2010
  - Central Vehicle Agency (CVA) stream - February 2010
  - Lloydminster Hospital ER Renovations - May 2010
  - Workplace Wellness, Sick Time - SHNB - June 2010
  - Workplace Wellness, Injury Prevention - BDCC - September 2010
  - Meadow Lake Clinic Renovations - September 2010
  - Staff Scheduling - Lloydminster Hospital - February 2011
  - Surgical - Battlefords Union Hospital - March 2011
- ► Nine new Lean Value Streams or initiatives began in Prairie North in the past year, joining the 14 that started since 2009.

New Lean Value Streams - 2011-12

Facility Capital and Renovation Projects

PNRHA is committed to the application of Lean principles for all capital construction and facility renovation projects. The aim is to ensure maximum efficiency and optimal flow for patients and health care providers in the space being developed. Frontline staff and often patients are engaged in the process.

The Lean Value Stream process had been previously applied to renovations at Lloydminster Hospital ER, Meadow Lake Associate Clinic, Loon Lake Clinic, Lloydminster Co-op Community Services.

In the past year, two new Lean events were conducted for renovations at Battlefords Union Hospital:

Outpatient Day Surgery (OPDS) - September 2011
Emergency Department - December 2011

Positive outcomes will be in improved flow of patients and staff; decreased wait times; greater patient, client and staff satisfaction; increased efficiency in space utilization; and maximum return on capital investment.

Lloydminster Therapies - Lloydminster Hospital - April 2011

The goal of the Value Stream is to increase direct client service time, eliminate the wait list, and incorporate best practices into service delivery while maximizing employees' skills to work to their full scope. These aims were determined by reviewing the flow of clients and administrative functions.

Initiatives to date include:
- Changes to work practices to eliminate waste;
- Organization of the office and therapy areas to maximize efficiencies and work flow;
- Education sessions to allow staff to perform to their maximum capacity; and
- Reviewing and modifying the use of technology in the work day

Ordering Supplies - 2W Battlefords Union Hospital - May 2011

The goal of this Value Stream was to improve the process of ordering supplies as well as how supplies were organized on the unit. As a result of a coinciding Releasing Time to Care (RTC) initiative and upcoming renovations, the surgical unit (2W) required some significant change in order to consolidate four supply areas into one. Targets included a reduction in space and time spent searching for needed supplies. This increased available time to be spent with patients.

Initiatives included:
- Implementation of a monthly supplies meeting involving all BUH departments to ensure proper supplies were being ordered and used within the facility.
- Reduction from four supply rooms to one, along with 5S organization of the supply room.
- Improvement of the re-order process and an increase in frequency from once per week to twice per week.
- Reducing search time for needed supplies due to improved processes.

Blue Card Replacement PNHR - May 2011

The goal of this Value Stream is to standardize the method in which outpatient forms are identified with patient information. The target is to move away from existing practices of blue cards for patient information. Positive outcomes will improve patient experience by reducing wait times and errors. Anticipated outcomes also include an improved patient identification process, enhanced privacy, reduced costs, and reduced errors in charting.

Initiatives include:
- Standardizing to the same Admission Discharge Transfer (ADT) software throughout PNHR. Patient demographic information would then be available in all hospitals.
- Standardizing forms and labels for consistency.
- Modified work processes to introduce standard work.

Patient Flow - Emergency Department BUH - June 2011

The goal of this Value Stream is to improve the overall flow and throughput of patients in the Emergency Department (ED) at BUH. By improving flow, reducing waste, improving turnaround time, introducing standard work, and reorganizing the workplace, the patient experience will improve.

Initiatives include:
- Improving the triage process including re-design and renovation of the triage area.
- Establishing a dedicated Triage nurse and admitting clerk to ensure timely access to services.
- Redesigning supply areas and processes to improve access.
- Improving communication efficiencies with other departments that effect patient information and staff flow.

Positive outcomes will include easy and clear processes for patients to know where to go when presenting to the emergency room. A separate and dedicated admitting desk will be present for emergency patients beside the triage desk.

First contact will be with a triage nurse to assess the patient for any urgent requirements. Wait times are expected to decrease.

Work will support the future goal where patients present to the ED for the right reasons. Patients will be seen at the right time, by the right care provider, in the right location, ensuring the most appropriate care possible is provided.

Human Resource Posting Process - PNHR - August 2011

The goal of this Value Stream is to improve multiple system processes within the Human Resource (HR) department for managers and staff. Positive outcomes will include a better process for job postings; time saved for all staff; elimination of waste in paper and resources; improved morale; alignment of duties to appropriate areas; and maximized accuracy in data collection and output.

Initiatives include:

- Development of an electronic posting submission and approval process
- Review and revision of forms utilized
- Introduction of standard work within communication and workflow processes.
- Change of approvals workflow processes between managers and Senior Leaders.

Outpatient Day Surgery Renovations - BUH - September 2011

A short two day event focused on space utilization and finalization of floor plan design for creation of blueprints for the new Outpatient Day Surgery (OPDS) unit at BUH. OPDS staff, management, a patient representative, information technology representative and the architect collaborated in reviewing proposed plans using Lean principles to reduce waste and add value for patients and staff. The group mocked up the proposed unit full scale in a rented hall to test the dimensions of the space for functionality and patient experience. Full scale trial runs were conducted using the test space, with walls, doors, beds, counters and furniture. Participants agreed the exercise was a success.

Pharmacy - BUH - September 2011

The goal of this Value Stream was to evaluate the whole pharmacy department and the processes carried out by its staff. Targets included reducing overall inventory, reducing cost on expired medications, lowering of time spent on delivery of services by staff, creation of standard work for all pharmacy areas, and improvement in restocking and reordering of pharmaceuticals. Expected outcomes are staff working to their full scope/ training, improved delivery times of new medications to the units, efficiencies in staff work duties, in ordering processes from suppliers and in staff performing appropriate duties.

Initiatives include:

- Changing work process for efficiencies on filling of medication orders
- Changing delivery times to units
- Improving delivery time for new medications
- Freeing up pharmacist time to spend more with clinical care.
- Redesigning the re-order processes using Lean methods.
- Improving services as per best practices and current standards.

Jubilee Home Workload - October 2011

The goal of this Value Stream is to evaluate staff workflow to improve working conditions and staff workload thereby improving the residents' (clients') experience. This team involved staff from many departments and a family representative to review how care is provided to the residents of this long term care facility. By identifying what is deemed valuable to the resident, the team endeavoured to improve workflow and devise ways to make improvements for staff and residents.

Initiatives include:

- Conducting a Lean 5S exercise to improve the facility's supplies used by staff.
- Introducing standard work processes for maintenance repairs.
- Changes to therapies to improve residents' experience and benefit staff.

Community Services Building - Lloydminster November 2011

The goal of this Value Stream was to evaluate the front reception area in the Lloydminster Community Service Building. Multiple health programs and departments function out of the same building, and their clients are using the same entrance reception and waiting area. Need existed to improve the functionality of the space and how staff work in the area. The aim was to improve the client experience and make the area more user friendly for all staff involved.

Initiatives include:

Conducting a 5S workspace reorganization
Reviewing functions performed by staff in the front office.
Making changes to provide best possible service to clients/customers.

Looking Ahead to 2012-13 - Lean

- ► Introduction of a province-wide Lean Management system.
- ► Utilization of a standard approach to Lean implementation in the Ministry of Health and all health regions.
- ► Widespread training of all health care employees to spread learning and transformational culture change.
- ► Utilizing the Lean 3P (production, preparation, process) planning process for further development of a new Saskatchewan Hospital.

Strategy

Expand Releasing Time to Care to all medical and surgical wards in Battlefords Union Hospital and Lloydminster Hospital.

Results

► Prairie North achieved its target of expanding Releasing Time to Care™ (RTC) to the medical and surgical units in both Battlefords Union Hospital and Lloydminster Hospital. In 2011-12, 102 more beds in Prairie North were licensed for implementing RTC, bringing the total number of beds to 260.

Seven new sites began RTC modules in 2011:

- Women's Health Unit – Battlefords Union Hospital (BUH)
- Transitional Unit - Donaldson House and Musqua Cottage – Saskatchewan Hospital
- Medicine 3N – BUH
- Medicine 3S – BUH
- Emergency Room – BUH
- 3rd Medicine Unit – Lloydminster Hospital
- East Wing – River Heights Lodge

► The Region has had success increasing quality improvement capacity and empowering quality improvement initiatives at the front lines of care.

RTC is a patient-centred approach to improving quality of care. The program's aim is to increase the amount of time health care providers spend on direct patient care. RTC principles ensure that health care providers are working smarter and putting their patients first. Each RTC project is staff-lead and staff-driven.

RTC has four core objectives: improving patient safety and reliability of care; improving patient experience; improving staff well-being; and improving efficiency of care.

Improve Safety and Reliability of Care - RTC

- BUH ER has removed patient care supplies from treatment rooms to prevent cross-contamination and to meet infection control guidelines.
- Battlefords Mental Health Centre had bathroom doors re-hinged for patients to open the doors outwards. Staff now has easy access for emergencies such as a patient collapsing with the door closed.
- The Surgical Ward at Lloydminster Hospital is doing work with the Medication Module including medication reconciliation, medication transcription, and medication rounds.

Improve Staff Wellbeing - RTC

- BUH Emergency Room Staff Surveys are in progress and ER staff report that they are excited for the planned/proposed changes to the unit as they consult on the Well Organized Ward (WOW) module.
- The Lloydminster Medical team is working to address low morale and high frustration levels confirmed by analysis of 29 staff surveys.

Improve Efficiency of Care - RTC

- BUH Surgery 'Hunting For Supplies' work has decreased non value-added time. The Supplies Storage Area has maintained its WOWing!

Improve Patient Experience - RTC

- The BUH Medical Unit team found that the Falls assessment tool was not working well for their patients Other Acute Care teams in the Region had determined that as well. The team and others are working with their provincial network to revise and standardize the tool for more relevance for acute care patients.
- The SHNB Admissions Unit continues to sustain its focus on a positive patient experience. Restricted patient belongings are more accessible, are organized in larger bins, and are secured in a well organized room. Signs on the doors of patient rooms help to maintain a respectful environment by reminding staff to 'knock and ask' before entering. A large display of colourful artwork created by patients is on display in the main hallway. A former storage area has been turned into a furnished quiet area for patients to enjoy some peace and privacy.

GOAL

Leverage technology to achieve improvements in patient care and system performance.

Strategy

Maintain and action a three-year rolling Information Technology Plan to guide PNRHA investments in information technology based on feedback and involvement of an appropriate internal stakeholder group that reflects the values of the organization.

- Prairie North Regional Health Authority maintains an ongoing Information Technology (IT) Plan to guide IT investments for the organization.

  In the past year, the Region has made progress toward providing greater access to technology and systems through the creation of user accounts for all staff and implementing over 85 additional staff workstations (virtual computers). Through the use of the virtual desktop infrastructure, all PNRHA staff now have a 'virtual computer' they can access throughout our facilites. Having this secure mobile desktop environment greatly increases staff access to information and systems, and eliminates the need for shared user accounts.

  Providing this robust access to IT resources will continue to provide efficiencies in care plans, leading to improvements in quality of care and safety for patients.

Strategy

Work in collaboration with the Ministry and other provincial stakeholders in development of the long-term strategy for implementation of e-Health initiatives and develop a Regional work plan to support the initiatives identified.

- PNRHA continues to work with provincial and local stakeholders to support advancement of an electronic medical record (EMR) that meets patient/client needs and ensures that the right information is available at the right time for the right patient to the right care provider.
- In support of the Region's continued efforts over the 2011-12 fiscal year to expand its primary health care network, IT has focused on preparations to convert five existing EMR sites in Prairie North to the provincial primary health electronic medical record system. Migration to the new system is anticipated for the fall of 2012, pending successful site testing.

  Six technical site readiness assessments were completed, with one of the sites successfully moved to the new primary health system. Three of the five remaining new sites are also now technically ready for the expansion to come.

Strategy

Develop a master space plan for Prairie North Health Region.

- PNRHA did not achieve its target of having a master space plan in place for the Region by the end of March 2012. Development of the plan has been delayed due to a review of original parameters. The plan is scheduled for completion in July 2012.

Moving Forward - Hoshin Kanri

What Is It?

Prairie North Regional Health Authority, along with all other Saskatchewan health regions and health organizations, has adopted a strategic planning process called hoshin kanri or strategy deployment.

At its core, *hoshin kanri* is a process to set breakthrough priorities (hoshins) to transform health care and obtain feedback from people doing the work on how to prioritize and implement those priorities.

Hoshins are breakthrough activities to achieve significant performance improvements or to make significant changes in the way an organization, department or process operates. Hoshins should be accomplished in 12 to 18 months.

Using hoshin kanri means involving frontline staff in the priority-setting process and committing to ongoing measurement, tracking, and reporting of progress as an organization. Achieving overall success won't happen overnight. The health system has started on an ongoing learning journey that will involve different people at different times.

Hoshin kanri is a proven process that has resulted in tangible, lasting improvements to patient care and to the work environment in other health care organizations. Saskatchewan is leading the way in implementing hoshin kanri on this large a scale.

What's Changing?

With input from the health regions, Saskatchewan's Ministry of Health has set a three- to five-year overarching health plan for the province. Each health region then sets its own short- and long-term plans to help achieve the goals laid out in the provincial plan.

Early in 2012, health system leaders in Saskatchewan — led by the Ministry — worked together to identify five areas in which they would like to see breakthrough in system improvement.

In January 2012, a group of senior leaders from Prairie North met to start determining this Region's breakthrough initiatives – areas of specific and sustained focus for improvement – for the coming year.

Our regional breakthroughs align with those of the Ministry of Health' which were determined in collaboration with health region CEOs from across the province.

These breakthroughs all support the provincial healthcare system's enduring areas of focus:

Better Health

Better Care

Better Value

Better Teams

As Saskatchewan moves to a patient- and family-centred health care system, hoshin kanri is one approach that will help get us there by setting specific priorities and following through on plans for change.

Prairie North Health Region – Hoshin Kanri Plan 2012-2013

Planning Pillar	Provincial 5-year Outcomes	Provincial Hoshins - 2012-13	Prairie North Hoshins - 2012-13
Better Health	50% improvement in the number of people who say "I can see my primary health-care team on my day of choice" by 2017.	Strengthening primary health care	• Improving Access to PHC Core Teams across PNHR • Supporting Positive Health outcomes in Aboriginal Peoples
Better Care Better Value Better Teams	Increase physician engagement 'score' by 50% by 2017. The employee engagement provincial average score exceeds 80% by 2017.	Deploying a continuous improvement system	• Continuous Quality Improvement (CQI) • SHNB Redesign • Front Line Management • Physician Engagement • Employee Engagement
Better Care	By March 31, 2014, all patients have the option to receive necessary surgery within three months. By 2017, zero surgical infections from clean surgeries.	Improving surgical access and transforming the surgical experience	• Sooner, Safer, Smarter Surgical Care
Better Teams Better Care	By 2017, zero workplace injuries. By 2017, no adverse events related to medication errors.	Enhancing our safety culture with a focus on staff and patient safety	• Job Safety Analysis (JSA) • Medication Reconciliation/Management
Better Value	By 2017, the healthcare budget increase is less than the increase to provincial revenue growth.	Implementing Shared Services	• Shared Services

Better Health
Improve population health through health promotion, protection and disease prevention, and collaborate with communities and different government organization to close the health disparity gap.

Better Care
In partnership with patients and families, improve the individual's experience, achieve timely access, and continuously improve health-care safety.

Better Value
Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment, and information infrastructure.

Better Teams
Build safe, supportive, and quality workplaces that support patient and family-centered care and collaborative practices, and develop a highly skilled, professional, and diverse workforce that has a sufficient number and mix of service providers.

Management Report

May 30, 2012

PRAIRIE NORTH HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of Management and are approved by the Prairie North Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance Committee. The Finance Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

David Fan
Chief Executive Officer

Jerry Keller
Chief Financial Officer

2011-12 Financial Overview

On May 25, 2011, Prairie North Regional Health Authority approved a balanced Operating Budget of $243.5 million in revenues and expenditures for the 2011-12 fiscal year.

The budget focused on four strategic priorities in alignment with provincial priorities of Better Care (Health of the Individual), Better Health (Health of the Population), Workplace of Choice (Providers), and Better Value (Sustainability).

The budget forecast total revenues of $243,465,153 and expenses of $243,452,843, resulting in a small surplus of $12,310.

Total actual revenues for the year exceeded $253.1 million, while total actual expenses ended the year at $246.8 million.

The results for the fiscal year ended March 31, 2012 showed an Operating Fund surplus of $6.2 million.

A significant factor in the surplus position was collective bargaining increases from the Ministry of Health for Health Sciences Association of Saskatchewan, Canadian Union of Public Employees, Saskatchewan Union of Nurses, and Saskatchewan Medical Association units.

The Board also approved a $4.9 million Capital Equipment and Information Technology budget, as well as $7.3 million in capital projects under the RHA's Capital Management Plan.

Key capital management projects included $2.8 million in improvements to Lloydminster Hospital and Prairie North's Co-op Plaza location in Lloydminster; $900,000 for a new roof on River Heights Lodge, North Battleford; and $500,000 for expansion of the Day Surgery Unit at Battlefords Union Hospital.

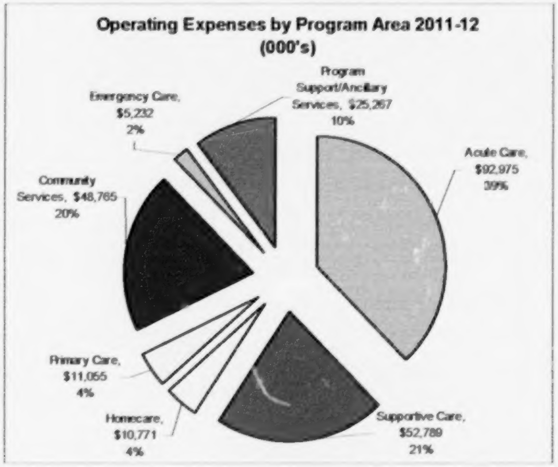
Prairie North Regional Health Authority ended the year with a Capital Fund deficit of $2.9 million, and a Community Fund surplus of $15,642.

Expenditures

Operating Fund expenditures for 2011-12 totalled $246,854,838, an increase of $3.4 million over budgeted expenses.

A budget variance threshold of $15,000 or 5% is used to identify significant variances for reporting purposes. Using this criteria, the most significant variances in 2011-12 occur under Acute Care Program and Physician Compensation services.

The variances are related to compensation and are funded by the Ministry of Health.


Operating Expenses by Program Area 2011-12 (000's)

Operating funding provided to Health Care Organizations and other third parties in 2011-12 is as follows (refer to Note 9 of the Financial Statements):

Ambulance Providers:	
Lloydminster Emergency Care Services (1989)	$ 682,221
Marshall's Ambulance Care Ltd.	$ 856,046
WPD Ambulance	$ 1,358,506
Community Mental Health & Addiction Programs:	
Canadian Mental Health Association	$ 149,436
Edwards Society Inc.	$ 404,591
Libbie Young Centre Inc.	$ 512,952
Portage Vocational Society Inc.	$ 69,323
Walter A. "Slim" Thorpe Centre Inc.	$ 539,500
Long-Term Care/Assisted Living:	
Points West Living Lloydminster Inc.	$ 2,159,370
Société Joseph Breton Inc. (Villa Pascal)	$ 2,745,266

Capital Fund Expenditures consist of Amortization of $7 million and Mortgage interest of $297,254.

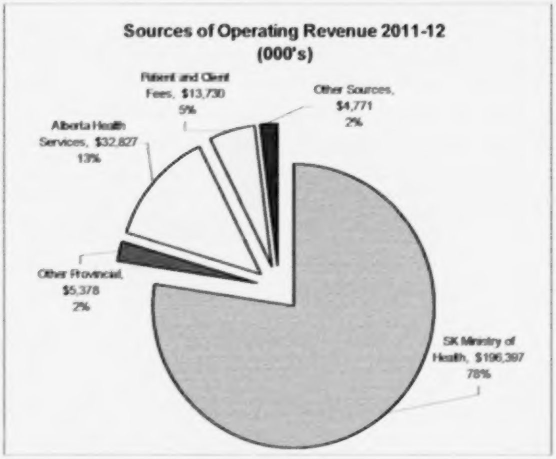
Capital acquisitions during 2011-12 totaled $11.7 million.

Community Fund transactions consisted of $250 relating to approved Community Fund expenditures.

Revenues

Operating Fund revenues for 2011-12 totaled $253,103,286, an increase of $9.7 million over the budgeted Operating Revenues of $243.4 million. Additional funding was provided by the Saskatchewan Ministry of Health corresponding to adjusted compensation for employee units, as noted on the previous page.

Community fund revenue consists of donations and interest revenue totaling $15,892.


Sources of Operating Revenue 2011-12 (000's)

Other

Special Funds

Prairie North Regional Health Authority is responsible for Community Trust Funds totaling $1.2 million. These funds are community generated funds subject to restrictions as set out in pre-amalgamation agreements with the Health Region. These assets are accounted for separately and any interest earned is credited to the fund.

PNRHA holds $324,357 restricted for Replacement Reserves as a requirement in respect of long-term care facilities financed by Canada Mortgage and Housing Corporation.

The RHA also holds $1.7 million in restricted Donation and Renovation reserves, the Northland Pioneers Lodge reserve, as well as a reserve for future ambulance purchases.

Loans and Deferred Revenue

Prairie North Regional Health Authority has total outstanding mortgages payable of $4.2 million, with related buildings pledged as security.

Deferred revenue includes $1.1 million received from the Ministry of Health. These funds are restricted for use on specific programs as targeted by the Ministry. Deferred revenue held for non-Ministry initiatives totals $1.1 million. (See Note 6 to the Financial Statements for further detail.)

Audited Financial Statements

MENSSA BAERT CAMERON ODISHAW LA COCK
CHARTERED ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

TO: THE BOARD OF DIRECTORS OF PRAIRIE NORTH REGIONAL HEALTH AUTHORITY

TO: THE MEMBERS OF THE LEGISLATIVE ASSEMBLY OF SASKATCHEWAN

We have audited the accompanying financial statements of Prairie North Regional Health Authority, which comprise the statement of financial position as at March 31, 2012, and the statements of operations and changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of Prairie North Regional Health Authority as at March 31, 2012, and its financial performance and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Menssa Baert Cameron Odishaw La Cock
Chartered Accountants

North Battleford, Saskatchewan
May 30, 2012

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION

Statement 1

as at March 31, 2012

	Operating Fund	Restricted Funds Capital Fund	 Community Trust Fund	Total 2012	Total 2011 (Note 10)
ASSETS					
Current assets					
Cash and short-term investments (Schedule 2)	$ 17,678,917	$ 3,546,589	$ 1,215,219	$ 22,440,725	$ 32,104,022
Accounts receivable					
Ministry of Health - General Revenue Fund	734,442	-	-	734,442	606,839
Other	2,970,881	2,218,094	-	5,188,975	3,008,392
Inventory	2,165,240	-	-	2,165,240	1,766,955
Prepaid expenses	1,471,285	-	-	1,471,285	1,328,137
	25,020,765	5,764,683	1,215,219	32,000,667	38,814,345
Investments (Note 2, Schedule 2)	1,594,164	-	51,825	1,645,989	1,939,857
Capital assets (Note 3)	-	65,275,544	-	65,275,544	60,564,292
TOTAL ASSETS	$ 26,614,929	$ 71,040,227	$ 1,267,044	$ 98,922,200	$ 101,318,494
LIABILITIES AND FUND BALANCES					
Current liabilities					
Accounts payable	$ 9,224,116	$ 986,453	$ 7,769	$ 10,218,338	$ 10,876,874
Accrued salaries payable	3,924,621	-	-	3,924,621	7,592,943
Accrued vacation payable	12,472,617	-	-	12,472,617	12,616,785
Current portion of mortgages payable (Note 5)	-	428,364	-	428,364	360,370
Deferred revenue (Note 6)	2,248,345	-	-	2,248,345	3,565,523
	27,869,699	1,414,817	7,769	29,292,285	35,012,495
Long term liabilities					
Deferred Salary	49,264	-	-	49,264	62,567
Mortgages payable (Note 5)	-	4,214,399	-	4,214,399	4,281,427
TOTAL LIABILITIES	27,918,963	5,629,216	7,769	33,555,948	39,356,489
Fund balances:					
Invested in capital assets	-	60,632,781	-	60,632,781	55,922,495
Externally restricted (Schedule 3)	-	3,000,000	1,259,275	4,259,275	4,664,295
Internally restricted (Schedule 4)	393,602	1,778,230	-	2,171,832	2,440,253
Unrestricted Fund Balances	(1,697,636)	-	-	(1,697,636)	(1,065,038)
TOTAL FUND BALANCES (Statement 2)	(1,304,034)	65,411,011	1,259,275	65,366,252	61,962,005
TOTAL LIABILITIES AND FUND BALANCES	$ 26,614,929	$ 71,040,227	$ 1,267,044	$ 98,922,200	$ 101,318,494

Commitments (Note 4)
Pension Plan (Note 11)

Approved by the Board of Directors:

B O'Grady **Director**

Leanne M Sauder **Director**

The accompanying notes and schedules are part of these financial statements.

Statement 2

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
as at March 31, 2012

	Operating Fund			Restricted Funds			
	Budget 2012	**2012**	2011	**Capital Fund 2012**	**Community Trust Fund 2012**	**Total 2012**	Total 2011
	(Note 12)		(Note 10)				(Note 10)
REVENUES							
Ministry of Health - General	$ 189,932,497	$ **196,397,332**	$ 180,001,120	$ **1,325,759**	$ **-**	$ **1,325,759**	$ 4,458,117
Other Provincial	5,090,349	**5,378,484**	6,779,082	-	-	-	-
Federal Government	139,450	**151,314**	133,659	**113,338**	-	**113,338**	113,338
Funding from Other Provinces	31,495,275	**32,827,188**	29,858,648	**501,331**	-	**501,331**	2,704,566
Patient and Client Fees	10,746,126	**10,793,624**	10,605,060	-	-	-	-
Out of Province (Reciprocal)	1,872,000	**2,237,730**	1,791,873	-	-	-	-
Out of Country	60,300	**60,908**	60,278	-	-	-	-
Donations	259,750	**486,709**	259,053	**2,464,803**	**6,734**	**2,471,537**	1,144,091
Investment	248,900	**275,167**	247,096	**120,721**	**9,158**	**129,879**	109,915
Ancillary	288,500	**282,080**	283,516	-	-	-	-
Recoveries	2,979,306	**3,426,636**	2,839,102	-	-	-	-
Other	352,700	**786,114**	493,050	**2,600**	-	**2,600**	87,377
TOTAL REVENUES	243,465,153	**253,103,286**	233,351,537	**4,528,552**	**15,892**	**4,544,444**	8,617,404
EXPENSES							
Inpatient & resident services							
Nursing Administration	9,376,334	**9,435,519**	8,591,377	-	-	-	-
Acute	35,617,401	**37,791,801**	34,784,510	**4,601,002**	-	**4,601,002**	4,525,932
Supportive	34,352,265	**34,588,612**	32,216,802	**1,874,572**	**250**	**1,874,822**	1,293,482
Integrated	-	-	-	-	-	-	-
Rehabilitation	615,313	**687,859**	628,709	-	-	-	-
Mental health & addictions	15,452,401	**14,245,654**	14,122,636	**10,977**	-	**10,977**	10,079
Total inpatient & resident services	95,413,714	**96,749,445**	90,344,034	**6,486,551**	**250**	**6,486,801**	5,829,493
Physician compensation	16,981,012	**18,055,329**	17,356,009	-	-	-	-
Ambulatory care services	9,498,933	**10,409,236**	8,095,298	-	-	-	-
Diagnostic & therapeutic services	26,670,745	**25,278,813**	24,884,834	-	-	-	-
Community health services							
Primary health care	4,519,678	**4,636,308**	3,687,637	**80,588**	-	**80,588**	547,628
Home care	10,128,860	**9,420,325**	9,006,070	**82,616**	-	**82,616**	80,649
Mental health & addictions	10,512,985	**10,167,758**	10,277,887	-	-	-	-
Population health	9,421,804	**9,715,364**	8,083,938	**10,433**	-	**10,433**	11,028
Emergency response services	4,979,917	**5,753,883**	4,898,149	**120,086**	-	**120,086**	107,651
Other community services	1,130,228	**1,242,316**	1,286,793	-		-	-
Total community health services	40,693,472	**40,935,954**	37,240,474	**293,723**	-	**293,723**	**746,956**
Support services							
Program support	13,756,047	**14,753,106**	12,566,031	**608,121**	-	**608,121**	570,113
Operational support	39,531,905	**40,005,773**	38,290,248	-	-	-	-
Other support	351,141	**352,058**	355,880	-	-	-	-
Total support services	53,639,093	**55,110,937**	51,212,159	**608,121**	-	**608,121**	570,113
Ancillary	555,874	**315,124**	406,069	-	-	-	
TOTAL EXPENSES (Schedule 1)	243,452,843	**246,854,838**	229,538,877	**7,388,395**	**250**	**7,388,645**	7,146,562
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	$ 12,310	**6,248,448**	3,812,660	**(2,859,843)**	**15,642**	**(2,844,201)**	1,470,842
Interfund transfers (Note 14)		**(6,979,075)**	(3,690,503)	**6,979,075**	-	**6,979,075**	3,690,503
Increase (decrease) in fund balances		**(730,627)**	122,157	**4,119,232**	**15,642**	**4,134,874**	5,161,345
Fund balances, beginning of year		**(573,407)**	(695,564)	**61,291,779**	**1,243,633**	**62,535,412**	57,374,067
Fund balances, end of year		$ **(1,304,034)**	$ (573,407)	$ **65,411,011**	$ **1,259,275**	$ **66,670,286**	$ 62,535,412

The accompanying notes and schedules are part of these financial statements.

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOWS
as at March 31, 2012

Statement 3

	Operating Fund		Restricted Funds			
	2012	2011	**Capital Fund**	**Community Trust Fund**	**2012**	2011
		(Note 10)				(Note 10)
Cash (used in) provided by:	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenues over expenses	$ **6,248,448**	$ 3,812,660	$ **(2,859,843)**	$ **15,642**	$ **(2,844,201)**	$ 1,470,842
Amortization	**-**	-	**7,030,128**	**-**	**7,030,128**	6,850,886
Loss on sale of capital assets	**-**	-	**-**	**-**	**-**	-
Net change in non-cash working capital (Note 7)	**(7,037,483)**	4,654,028	**(1,318,648)**	**(1,127)**	**(1,319,775)**	2,420,147
	(789,035)	8,466,688	**2,851,637**	**14,515**	**2,866,152**	10,741,875
Purchase of capital assets						
Buildings/Construction	**-**	-	**(7,759,257)**	**-**	**(7,759,257)**	(5,789,403)
Equipment	**-**	-	**(3,982,123)**	**-**	**(3,982,123)**	(3,403,055)
Proceeds on sale of capital assets	**-**	-	**-**	**-**	**-**	-
Sale (purchase) of long-term investments	**-**	-	**-**	**-**	**-**	-
	-	-	**(11,741,380)**	**-**	**(11,741,380)**	(9,192,458)
Acquisition of debt	**-**	-	**1,505,000**	**-**	**1,505,000**	-
Repayment of debt	**-**	-	**(1,504,034)**	**-**	**(1,504,034)**	(362,613)
	-	-	**966**	**-**	**966**	(362,613)
Net (decrease) increase in cash and short-term investments during the year	**(789,035)**	8,466,688	**(8,888,777)**	**14,515**	**(8,874,262)**	1,186,804
Cash and short-term investments beginning of year	**25,447,027**	20,670,842	**5,456,291**	**1,200,704**	**6,656,995**	1,779,688
Interfund transfers (Note 14)	**(6,979,075)**	(3,690,503)	**6,979,075**	**-**	**6,979,075**	3,690,503
CASH AND SHORT-TERM INVESTMENTS, END OF YEAR (Schedule 2)	$ **17,678,917**	$ 25,447,027	$ **3,546,589**	$ **1,215,219**	$ **4,761,808**	$ 6,656,995
Supplementary Information:						
Cash interest paid	$ **-**	$ -	$ **301,051**	$ **-**	$ **301,051**	$ 261,651

The accompanying notes and schedules are part of these financial statements.

1. LEGISLATIVE AUTHORITY

The Prairie North Regional Health Authority (the Authority) operates under the *Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Prairie North Health Region, under section 27 of *The Act*. The Prairie North Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government. The Prairie North Regional Health Authority is a registered charity under the *Income Tax Act* of Canada.

2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies:

a) Health Care Organizations

i. The Authority has agreements with and grants funding to the following Health Care Organizations (HCOs) and third parties to provide health services:

Canadian Mental Health Association (Saskatchewan Division) Inc.
Edwards Society Inc.
Libbie Young Centre Inc.
Lloydminster Emergency Care Services Inc.
Marshall's Ambulance Care Ltd
Points West Living Lloydminster Inc.
Portage Vocational Society Inc.
Walter A. "Slim" Thorpe Centre Inc.
WPD Ambulance

Note 9 b) i. provides disclosure of payments to HCOs and third parties.

ii. The following affiliate is incorporated under the *Non-Profit Corporations Act* and is a registered charity under the *Income Tax Act* of Canada:

Société Joseph Breton Inc.

The Authority has entered into an affiliation agreement with and provides annual grant funding to this organization for the delivery of health care services. Consequently, the Authority has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the Authority's financial statements. Alternatively, Note 9 b) ii. provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

iii. The Lloydminster Region Health Care Foundation Inc., Battlefords Union Hospital Foundation Inc., Meadow Lake Hospital Foundation Inc. and Twin Rivers Health Care Foundation Inc. are incorporated under the *Non-Profit Corporations Act* and are registered charities under the *Income Tax Act of Canada.*

These financial statements do not include the financial activities of the Foundations. Alternatively, Note 9 b) iii. provides supplementary financial information of the Foundations.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

b) Fund Accounting

The accounts of the Authority are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i. Operating fund

The operating fund reflects the primary operations of the Authority including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, Alberta Health – General Revenue Fund and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii. Capital fund

The capital fund is a restricted fund that reflects the equity of the Authority in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health – General Revenue Fund designated for construction of capital assets and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii. Community Trust fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the Authority in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the Authority from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the Authority and the health corporations.

c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	2 ½% to 20%
Leasehold improvements	20%
Buildings	2 ½% to 20%
Equipment	5% to 100%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

Transfers of capital assets from a related party are recorded at the asset carrying amounts.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost as determined on the average cost basis or net realizable value.

f) Pension

Employees of the Authority participate in several multi-employer defined benefit pension plans or a defined contribution plan. The Authority follows defined contribution plan accounting for its participation in the plans. Accordingly, the Authority expenses all contributions it is required to make in the year.

g) Measurement Uncertainty

The financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

h) Financial Instruments

The Authority has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the Authority's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Short-term bank indebtedness is classified as held-for-trading.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2012 (2011 – none), the Authority does not have any outstanding contracts or financial instruments with embedded derivatives.

The Authority is exposed to financial risks as a result of financial instruments. The primary risks the Authority may be exposed to are:

- Price risks which include: Currency risk – affected by changes in foreign exchange rates; Interest rate risk – affected by changes in market interest rates; and Market risk – affected by the changes in market prices, whether those changes are caused by factors specific to the individual instrument of the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge on an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The Authority has policies and procedures in place to mitigate these risks.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

i.) Replacement Reserves

The Authority is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. CAPITAL ASSETS

	March 31, 2012			March 31, 2011
	Cost	Accumulated Amortization	**Net Book Value**	Net Book Value
Land	$ 1,563,822	$ -	**$ 1,563,822**	$ 1,563,822
Land improvements	1,635,740	1,565,910	**69,830**	89,450
Leasehold improvements	451,011	331,866	**119,145**	185,170
Buildings	98,594,430	62,927,064	**35,667,366**	37,757,150
Equipment	64,517,018	48,328,394	**16,188,624**	14,755,680
Construction in progress	11,666,757	-	**11,666,757**	6,213,020
	$ 178,428,778	$ 113,153,234	**$ 65,275,544**	$ 60,564,292

4. COMMITMENTS

a) Capital Assets Acquisitions

At March 31, 2012, commitments for acquisition of capital assets were $693,245 (2011 - $88,385). Also at March 31, 2012 commitments for capital construction in progress were $341,885 (2011 – $2,237,583).

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2013	$ 956,696
2014	952,497
2015	847,669
2016	754,327
2017	715,992

c) Contracted Health Service Operators

The Authority continues to contract on an ongoing basis with private health service operators to provide health services within the Region similar to those provided in the year ending March 31, 2012. Note 9 b) provides supplementary information on Health Care Organizations.

5. MORTGAGES PAYABLE

Title of Issue	Interest Rate	Annual Repayment Terms	2012	2011
Cut Knife & District Special Care Home CMHC, due March 1, 2022	4.420%	$94,777 principal and interest, of which $26,245 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 1.11%. Mortgage renewal date - March 1, 2017	**$ 766,501**	$ 826,193
L. Gervais Memorial Health Centre CMHC, due February 1, 2022	4.390%	$43,101 principal and interest, of which $7,117 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 2.40%. Mortgage renewal date - June 1, 2015	**346,696**	374,027
Lakeland Lodge, St. Walburg CMHC	n/a	Mortgage paid in full in 2011-12.	-	289,961
Lloydminster & District Senior Citizens Lodge CMHC due December 1, 2020	5.140%	$179,634 principal and interest, of which $58,105 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 0.72%. Mortgage renewal date - December 1, 2013	**1,266,421**	1,378,368
Northland Pioneers Lodge, Meadow Lake CMHC	n/a	Mortgage paid in full in 2011-12.	-	42,663
Northland Pioneers Lodge, Meadow Lake CMHC due April 1, 2022	4.420%	$87,291 principal and interest, of which $21,871 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 1.44%. Mortgage renewal date - March 1, 2017	**710,622**	765,400
The Battlefords River Heights Lodge Corp. CMHC	n/a	Mortgage paid in full in 2011-12.	-	62,427
The Battlefords River Heights Lodge Corp. CMHC	n/a	Mortgage paid in full in 2011-12.	-	705,281
Subtotal			**$ 3,090,240**	$ 4,444,320

5. **MORTGAGES PAYABLE** (continued)

Title of Issue	Interest Rate	Annual Repayment Terms		2012		2011
Balance forward			**$**	**3,090,240**	$	4,444,320
Turtle River Nursing Home, Turtleford CMHC, due December 1, 2026	8.000%	$15,736 principal and interest. Mortgage renewal date - December 1, 2026		**137,090**		141,833
Prairie North Regional Health Authority, Home Care Building Synergy Credit Union	n/a	Mortgage paid in full in 2011-12.		-		55,644
Meadow Lake Associate Clinic Synergy Credit Union, due March 1, 2016	2.500%	$92,641 principle and interest. Renewal date March 1, 2016.		**358,754**		-
Lakeland Lodge (St. Walburg) Synergy Credit Union due June 1, 2023	4.020%	$32,794 principle and interest. Renewal date October 1, 2014.		**301,203**		-
River Heights Lodge Synergy Credit Union due June 1, 2023	4.020%	$82,253 principle and interest. . Renewal date October 1, 2014.		**755,476**		-
				4,642,763		4,641,797
Less current portion				**428,364**		360,370
			$	**4,214,399**	$	4,281,427

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the Authority has pledged the related buildings of the special care homes as security.

Principal repayments required in each of the next five years are estimated as follows:

2013	428,364
2014	446,990
2015	466,234
2016	486,355
2017	421,189
2018 and subsequent	2,393,631
	$ 4,642,763

6. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received (Returned)	Balance end of Year
Sask Health Initiatives				
Autism Spectrum Disorder (OT)	$ -	$ 42,361	$ 71,500	$ 29,139
Infection Control	267,514	53,735	(158,142)	55,637
Enhanced Preventative Dental Services Init	-	-	104,677	104,677
Mentorship Program	-	66,300	80,000	13,700
Philippine Nursing Grant	60,252	-	-	60,252
Primary Care -Pharmacy	1,117	25,467	80,000	55,650
Primary Care Maidstone setup	63,007	203	-	62,804
Primary Care Meadow Lake setup	74,821	448	-	74,373
BFHC Tobacco Project	-	-	203,792	203,792
Primary Care Team Development	50,535	-	-	50,535
Physician Relocation	25,000	25,000	-	-
Retention Grant -Compressed WW	9,000	-	-	9,000
Retention Grant -OT PT	14,465	10,480	-	3,985
Retention Grant -ML RTC	72,362	48,603	-	23,759
Perioperative nursing program - LH OR	-	16,780	47,000	30,220
SK Surgical Inititiative	1,164,310	1,104,310	-	60,000
Thorpe Recovery Centre - IP Addictions	162,000	162,000	-	-
Institute for Pt & Family Centred Care	10,000	10,000	-	-
Tobacco Enforcement Act	10,238	10,238	-	-
Workforce Planning	64,976	2,153	-	62,823
Workplace Wellness	223,555	-	-	223,555
	2,273,152	1,578,078	428,827	1,123,901
Non Sask Health Initiatives				
Acquired Brain Injury Funding	13,849	90,539	63,654	(13,036)
HQC -QBS/RTC	103,208	63,951	-	39,257
Integrated Wrap-Around	25,922	727	-	25,195
Kids First Program NW	219,711	964,807	972,033	226,937
Kids First Program NB	456,178	1,579,283	1,526,298	403,193
Preceptorship SAHSN	419	3,195	11,000	8,224
Youth Criminal Justice (YRG 16)	79,041	70,118	3,393	12,316
Youth Criminal Justice (YRG 16)	-	15,422	87,608	72,186
SUN Partnership Recruit/Retention	394,043	43,871	-	350,172
	1,292,371	2,831,913	2,663,986	1,124,444
Total Deferred Revenue	$ 3,565,523	$ 4,409,991	$3,092,813	$ 2,248,345

These contributions are restricted for the provision of specific programs and are recognized as revenue in the year the related expenses are incurred.

7. NET CHANGE IN NON-CASH WORKING CAPITAL

	Operating Fund		Restricted Funds			
	2012	2011	**Capital Fund**	**Community Trust Fund**	**Total 2012**	Total 2011
(Increase) Decrease in accounts receivable	**$ (531,341)**	$ 2,096,253	**$ (1,776,845)**	**$ -**	**$ (1,776,845)**	$ 2,347,915
(Increase) Decrease in inventory	**(398,285)**	545,348	**-**	**-**	**-**	-
(Increase) Decrease in prepaid expenses	**(143,148)**	226,995	**-**	**(1,376)**	**(1,376)**	-
(Increase) Decrease in financial instruments	**295,244**	(740,932)	**-**	**249**	**249**	20,266
Increase (Decrease) in accounts payable	**(1,116,982)**	4,780,945	**458,197**	**-**	**458,197**	51,966
Increase (Decrease) in accrued salaries	**(3,681,625)**	(4,527,418)	**-**	**-**	**-**	-
Increase (Decrease) in vacation payable	**(144,168)**	1,543,225	**-**	**-**	**-**	-
Increase (Decrease) in deferred revenue	**(1,317,178)**	729,612	**-**	**-**	**-**	-
	$ (7,037,483)	$ 4,654,028	**$ (1,318,648)**	**$ (1,127)**	**$ (1,319,775)**	$ 2,420,147

8. PATIENT AND RESIDENT TRUST ACCOUNTS

The Authority administers funds held in trust for patients and residents using the Authority's facilities. The funds are held in separate accounts for the residents at each facility. The total cash held in trust as at March 31, 2012 was $737,355 (2011 - $657,247). These amounts are not reflected in the financial statements.

9. RELATED PARTIES

These financial statements include transactions with related parties. The Authority is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Authority is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the Authority is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts resulting from these transactions are included in the financial statements. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

9. RELATED PARTIES (continued)

a) Related Party Transactions (continued)

	2012	2011
Revenues		
Ministry of Corrections, Public Safety & Policing	**$ 85,540**	$ 69,997
Ministry of Education	**2,544,090**	2,356,870
Ministry of Social Services	**563,039**	554,203
Saskatchewan Association of Health Organizations	**674,000**	2,453,000
Saskatchewan Housing Corp	**113,338**	113,338
Saskatchewan Worker's Compensation Board	**939,885**	484,613
SGI Canada Insurance Services Ltd.	**245,133**	258,783
	$ 5,165,025	$ 6,290,804
Expenditures		
Battleford Family Health Care	**$ 951,785**	$ 883,112
eHealth Saskatchewan	**342,120**	335,302
Ministry of Finance	**373,562**	152,815
Ministry of Government Services	**1,262,000**	1,135,496
North Sask. Laundry & Support Services Ltd.	**1,495,595**	1,897,469
Public Employees Superannuation	**489,317**	512,347
Public Service Superannuation	**22,288**	108,723
Saskatchewan Association of Health Organizations	**8,007,900**	7,690,094
Saskatchewan Energy	**827,630**	979,693
Saskatchewan Health Care Employees Pension Plan	**10,127,998**	9,233,902
Saskatchewan Power Corporation	**1,594,681**	1,546,144
Saskatchewan Telecommunications	**1,043,334**	1,025,976
Saskatchewan Worker's Compensation Board	**2,513,513**	2,044,461
Saskatoon Health Region	**58,776**	36,636
University of Saskatchewan	**18,470**	25,037
	$ 29,128,969	$ 27,607,207
Accounts Receivable		
eHealth Saskatchewan	**$ 60,830**	$ 12,640
Five Hills Health Region	**50**	8,528
Health Quality Council	**61,512**	-
Heartland Health Region	**8,545**	-
Keewatin Yatthé Health Region	**6,054**	16,314
Ministry of Social Services	**77,902**	84,828
Prince Albert Parkland Health Region	**-**	21,800
Saskatchewan Association of Health Organizations	**37,554**	-
Saskatoon Health Region	**17,673**	-
Societe Joseph Breton Inc.	**455,155**	400,165
	$ 725,275	$ 544,275
Prepaid Expenditures		
Saskatchewan Worker's Compensation Board	**$ -**	$ 588,135
Saskatchewan Association of Health Organizations	**136,454**	122,270
	$ 136,454	$ 710,405

9. RELATED PARTIES (continued)

a) Related Party Transactions (continued)

	2012	2011
Accounts Payable		
Canadian Mental Health Association (NB)	**$ -**	$ 10,175
Libbie Young Centre Inc.	**50,000**	-
Ministry of Government Services	**196,691**	86,426
North Sask. Laundry & Support Services Ltd.	**84,937**	170,924
Public Service Superannuation	**-**	40,454
Saskatchewan Association of Health Organizations	**495,895**	455,847
Saskatchewan Energy	**26,651**	36,678
Saskatchewan Health Care Employees Pension Plan	**1,298,721**	1,107,045
Saskatchewan Power Corporation	**58,627**	84,378
Saskatchewan Telecommunications	**80,754**	64,992
Saskatchewan Worker's Compensation Board	**617,915**	-
Societe Joseph Breton Inc.	**-**	8,795
	$ 2,910,191	$ 2,065,714

In addition, the Authority pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

b) Health Care Organizations

i. Prescribed Health Care Organizations (HCOs) and Third Parties

The Authority has also entered into conditional grant agreements with prescribed HCOs and third parties to provide health services.

These organizations receive operating funding from the Authority on a monthly basis in accordance with budget amounts approved annually. During the year, the Authority provided the following amounts to prescribed HCOs and third parties.

	2012	2011
Canadian Mental Health Association (Saskatchewan Division) Inc.	**$ 149,436**	$ 157,228
Edwards Society Inc.	**404,591**	399,601
Libbie Young Centre Inc.	**512,952**	457,605
Lloydminster Emergency Care Services (1989)	**682,221**	404,350
Marshall's Ambulance Care Ltd.	**856,046**	629,500
Points West Living Lloydminster Inc.	**2,159,370**	1,635,471
Portage Vocational Society Inc.	**69,323**	68,300
Walter A. "Slim" Thorpe Centre Inc.	**539,500**	601,923
WPD Ambulance	**1,358,506**	1,119,900
	$ 6,731,945	$ 5,473,878

9. RELATED PARTIES (continued)

b) Health Care Organizations (continued)

ii. Affiliates

The Act makes the Authority responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the Authority. The Authority exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to the affiliate:

	2012	2011
Société Joseph Breton Inc.	**$ 2,745,266**	$ 2,386,271

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate as at March 31, 2012 and 2011 and for the years then ended:

	2012	2011
Balance Sheet		
Assets	**$ 1,792,638**	$ 1,330,942
Net Capital Assets	**1,118,548**	1,162,422
Total Assets	**$ 2,911,186**	$ 2,493,364
Total Liabilities	**$ 1,052,582**	$ 984,134
Total Net Assets (Fund Balances)	**1,858,604**	1,509,230
	$ 2,911,186	$ 2,493,364
Results of Operations		
Authority Grant	**$ 2,745,266**	$ 2,386,271
Other Revenue	**620,237**	586,062
Total Revenue	**3,365,503**	2,972,333
Salaries and Benefits	**2,629,612**	2,400,967
Other Expenses *	**386,517**	379,686
Total Expenses	**3,016,129**	2,780,653
Excess of Revenues over Expenses	**$ 349,374**	$ 191,680

* Other Expenses includes amortization of $66,075 (2011 - $66,563).

Cash Flows		
Cash from Operations	**$ 520,094**	$ 395,065
Cash used in Financing Activities	**(37,377)**	(37,384)
Cash used in Investing Activities *	**174,784**	(567,073)
Increase in cash	**$ 657,501**	$ (209,392)

* Investing Activities includes capital purchases of $22,201 (2011 - $220,118).

9. RELATED PARTIES (continued)

b) Health Care Organizations (continued)

iii. Fundraising Foundations

Fundraising efforts are undertaken through non-profit business corporations known as Lloydminster Region Health Foundation Inc., Battlefords Union Hospital Foundation Inc., Meadow Lake Hospital Foundation Inc., and Twin Rivers Health Care Foundation Inc.

Lloydminster Region Health Foundation Inc.

The Authority has an economic interest in the Lloydminster Region Health Foundation Inc. (the "Lloydminster Foundation").

The Lloydminster Foundation's total expenses include contributions of $1,803,884 (2011 - $418,156) to Prairie North Regional Health Authority of which $1,565,691 (2011 - $87,757) is payable at March 31, 2012.

From time to time, the Lloydminster Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

The Authority provides office space and accommodations to the Lloydminster Foundation at no charge.

Battlefords Union Hospital Foundation Inc.

The Authority has an economic interest in the Battlefords Union Hospital Foundation (the "Battlefords Foundation").

The Battlefords Foundation's total expenses include contributions of $759,218 (2011 - $648,606) to Prairie North Regional Health Authority of which $155,745 (2011 - $114,573) is payable at March 31, 2012.

From time to time, the Battlefords Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

The Authority provides office space and accommodations to the Battlefords Foundation at no charge.

Meadow Lake Hospital Foundation Inc.

The Authority has an economic interest in the Meadow Lake Hospital Foundation Inc. (the "Meadow Lake Foundation").

The Meadow Lake Foundation's total expenses include contributions of $168,924 (2011 - $52,319) to Prairie North Regional Health Authority of which $10,000 (2011 - $24,825) is payable at March 31, 2012.

From time to time, the Meadow Lake Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

9. RELATED PARTIES (continued)

b) Health Care Organizations (continued)

iii. Fundraising Foundations (continued)

Twin Rivers Health Care Foundation Inc.

The Authority has an economic interest in the Twin Rivers Health Care Foundation Inc. (the "Twin Rivers Foundation").

The Twin Rivers Foundation's total expenses include contributions of $155,980 (2011 - $77,356) to Prairie North Regional Health Authority of which $139,052 (2011 - $45,180) is payable at March 31, 2012.

From time to time, the Twin Rivers Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

10. COMPARATIVE INFORMATION

Certain 2011 balances have been reclassified to conform to the current year's presentation.

11. PENSION

Employees of the Authority participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The Authority's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements.

4. Alberta Local Authorities Pension Plan (LAPP) – This is a defined benefit plan that is the responsibility of the Province of Alberta. The Authority's financial obligation to the plans is limited to making the required payments according to the current agreement.

Under the *Public Sector Pension Plans Act of Alberta*, passed in May 1993, the Alberta Government employers and employees accepted responsibility to pay the unfunded obligation. The total LAPP unfunded pension liability at December 31, 2010, which is the latest available financial information, is $4,635,250,000. The Region's share of the unfunded past service obligation is based on a percentage of pensionable payroll. The obligation will be partially reduced through increased contribution rates.

11. PENSION (continued)

Pension expense is included in Compensation-Benefits in Schedule 1 and is equal to the contribution amount below.

	2012					2011
	SHEPP[1]	PSSP	PEPP	LAPP	Total	Total
Number of active members	2,265	6	131	123	2,525	2,453
Member contribution rate, percentage of	7.70-10%	7% -9%*	5.0-7.0%	8.91-12.74%		
RHA contribution rate, percentage of salary	8.62-11.2%	409%	5.0-7.0%	9.91-13.74%		
Member contributions (thousands of dollars)	8,147	5	457	591	9,200	8,300
RHA contributions (thousands of dollars)	9,124	22	486	654	10,286	9,331

* Contribution rate varies based on employee group.

[1] Active members are employees of the RHA, including those on leave of absense as of March 31, 2012. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

12. BUDGET

The Authority approved the 2011-12 budget plan on May 25, 2011.

13. FINANCIAL INSTRUMENTS

a) Significant Terms and Conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit Risk

The Authority is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the Authority's receivables are from Saskatchewan Health - General Revenue Fund, Lloydminster Regional Health Foundation Inc., Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair Values

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature:
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.
- The fair value of mortgages payable and long term debt before the repayment required within one year, is $4,443,667 (2011 - $4,399,642) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

13. FINANCIAL INSTRUMENTS (continued)

d) Unrecognized Financial Instruments

To meet the needs of the North Sask. Laundry & Support Services Ltd., the Board participates in an off balance sheet financial instrument which these financial statements do not fully reflect. The Board subjected this financial instrument to its normal credit standards, financial controls, and risk management and monitoring procedures. The Board has guaranteed the debts of the North Sask. Laundry & Support Services Ltd. to a maximum amount of $67,275.

14. INTERFUND TRANSFERS

Each year the Authority transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2012			2011		
	Operating Fund	**Capital Fund**	**Community Trust Fund**	Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	$ **(7,010,354)**	$ **7,010,354**	$ **-**	$ (3,724,594)	$ 3,724,594	$ -
SHC reserves	**31,279**	**(31,279)**	**-**	34,091	(34,091)	-
Mortgage payments	**-**	**-**	**-**	-	-	-
Ministry directed transfer	**-**	**-**	**-**	-	-	-
	$ **(6,979,075)**	$ **6,979,075**	$ **-**	$ (3,690,503)	$ 3,690,503	$ -

15. HEALTH SERVICES PROVIDED TO ALBERTA RESIDENTS ON BEHALF OF ALBERTA HEALTH SERVICES (FORMERLY EAST CENTRAL HEALTH)

General

The Authority is responsible for providing health services to Saskatchewan residents. The Authority provides health services to Alberta residents under the Bi-Provincial Lloydminster Health Services Agreement with Alberta Health Services (AHS). This agreement sets out the general principles and processes with respect to:

i) The health services to be provided and the service areas and/or populations to be served by the Authority on behalf of AHS;

ii) The operating, equipment and capital funding and any other related payments to be provided by AHS to the Authority;

iii) The management and operation of the Dr. Cooke Extended Care Centre by the Authority;

iv) The management and direction of Dr. Cooke Extended Care Centre employees by the Authority; and

v) The reporting and accountability requirements in respect of the services provided by the Authority on behalf of AHS. Specific details on some of these matters have to be concluded as addenda to this agreement.

Dr. Cooke Extended Care Centre

The assets of the legal entity known as Dr. Cooke Extended Care Centre were transferred to AHS under the authority of Order In Council #106/95 dated March 31, 1995.

The Authority manages and operates this facility on behalf of AHS.

15. HEALTH SERVICES PROVIDED TO ALBERTA RESIDENTS ON BEHALF OF ALBERTA HEALTH SERVICES (FORMERLY EAST CENTRAL HEALTH) (continued)

Dr. Cooke Extended Care Centre (continued)

These financial statements include operating assets, liabilities, revenue and expenses of the Dr. Cooke facility as follows:

	2012	2011
Balance Sheet		
Cash and Short-Term Investments	**$ 14,375**	$ 13,118
Accounts Receivable	**40,011**	35,261
Inventory	**31,780**	16,952
Prepaid Expenses	**-**	-
Total Assets	**$ 86,166**	$ 65,331
Accounts Payable	**$ 64,236**	$ 145,088
Accrued Salaries	**12,592**	193,505
Accrued Vacation Pay	**435,968**	474,303
Fund Deficit	**(426,630)**	(747,565)
Total Liabilities and Fund Balance	**$ 86,166**	$ 65,331
Results of Operations		
AHS Grant	**$ 7,711,551**	$ 7,440,721
Other Revenue	**1,998,982**	1,954,145
Total Revenue	**9,710,533**	9,394,866
Salaries & Benefits	**8,251,340**	7,945,900
Other Expenses	**1,762,240**	1,604,173
Total Expenses *	**10,013,580**	9,550,073
Excess of Expenses over Revenue	**$ (303,047)**	$ (155,207)

* Expenses include the Authority's allocated costs of $1,040,617 (2011 - $914,092).

The Authority has the use of the capital assets of the Dr. Cooke facility for no charge. Neither the capital assets nor the related amortization expense are reflected in these financial statements because the assets continue to be the property of AHS.

16. VOLUNTEER SERVICES

The operations of the Authority utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

17. ENERGY RENEWAL PROJECT

Energy performance contracting is a unique program that allows the Authority to implement facility improvements, reduce energy costs, improve health and comfort conditions while contributing to the province's environmental objectives. *SaskPower Energy Solutions* performed extensive research to establish a baseline of annual cost savings they guarantee as part of this project. The project is expected to provide utility cost savings that will pay for the cost and financing of this project within an established time frame. Any additional savings are calculated and verified by methods established in the contract and are applied to the loan. Prairie North RHA is in the process of entering into a guaranteed energy performance savings contract with *SaskPower Energy Solutions Company*. This project will be undertaken into 2012-13 once all final approvals are in place.

18. CONTINGENCIES

Lawsuits

The Authority is currently involved in four legal claims. The Authority's insurance coverage would be adequate to cover the claims. The outcome of these legal claims cannot be determined at this time and, accordingly, no liability has been recorded in these financial statements.

19. FUTURE ACCOUNTING CHANGES

The Canadian Institute of Chartered Accountants (CICA) approved an amendment to require Government Not-For-Profit Organizations reporting under section 4400 of the CICA handbook to move to reporting under section 4200 to 4270 of the Public Sector Accounting Handbook. This change is effective for fiscal years beginning on or after January 1, 2012. At that time a liability will be required to disclose an amount for accumulated sick leave. The amount of the liability requires an actuarial assessment. The impact of this change cannot be determined at this time.

20. PAY FOR PERFORMANCE

Effective April 1, 2011 a pay for performance compensation plan was introduced. As a result, senior employees were paid 90% of base salary for the fiscal year ended March 31, 2012. Senior employees are eligible to earn up to 110% of their base salary. The amounts over 90% of base salary are considered 'lump sum performance adjustments'. Lump sum performance adjustments have not been determined for the year ended March 31, 2012 because information required to assess senior managements' performance is not yet available. The performance adjustments for the 2011-12 fiscal year will be paid out in the 2012-13 fiscal year.

Schedule 1

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
as at March 31, 2012

	Budget 2012	**Actual 2012**	Actual 2011
Operating:			
Advertising & public relations	$ 74,750	$ 62,783	$ 61,844
Board costs	130,000	137,668	104,144
Compensation - Benefits	28,974,140	28,430,071	25,658,210
Compensation - Salaries	147,320,126	144,496,100	135,970,629
Continuing education fees & materials	829,580	723,619	739,698
Contracted-out services - Other	5,422,310	5,738,913	5,540,483
Diagnostic imaging supplies	263,400	304,444	441,108
Dietary supplies	280,770	306,414	286,236
Drugs	2,958,220	2,949,490	3,021,903
Food	3,775,272	3,745,797	3,662,023
Grants to ambulance services	2,203,750	2,896,773	2,153,750
Grants to health care organizations & affiliates	5,644,867	6,581,642	5,716,208
Housekeeping & laundry supplies	1,185,900	1,176,150	1,157,796
Information technology contracts	1,258,055	1,328,491	1,072,868
Insurance	366,000	353,504	352,418
Interest	28,800	34,976	27,111
Laboratory supplies	1,700,200	1,794,194	1,804,711
Medical & surgical supplies	5,953,045	6,966,024	6,033,028
Medical remuneration & benefits	17,244,168	17,417,704	17,719,418
Meetings	122,480	100,149	100,820
Office supplies & other office costs	1,844,461	2,020,679	1,935,460
Other	2,725,642	2,742,538	2,490,818
Professional fees	1,281,831	1,485,059	1,269,655
Prosthetics	510,500	647,346	484,184
Purchased salaries	431,604	755,534	467,150
Rent/lease/purchase costs	1,581,301	2,632,336	1,337,028
Repairs & maintenance	2,918,301	3,440,877	3,054,381
Supplies - Other	1,181,675	1,328,544	1,176,336
Therapeutic supplies	2,600	1,664	2,028
Travel	1,882,845	2,678,620	2,109,698
Utilities	3,356,250	3,576,735	3,587,733
Total Operating Expenses	$ 243,452,843	$ 246,854,838	$ 229,538,877
Restricted:			
Amortization		$ 7,030,128	$ 6,850,886
Loss/(Gain) on disposal of fixed assets		-	-
Mortgage Interest Expense		297,254	260,973
Other		61,263	34,703
		$ 7,388,645	$ 7,146,562

Schedule 2

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF CASH AND INVESTMENTS
as at March 31, 2012

	Fair Value	Maturity	Effective Rate
Restricted Investments* -Capital Fund			
Cash and Short Term			
Chequing and Savings:			
Synergy Credit Union, Lloydminster	**3,546,589**		
	3,546,589		
Restricted Investments* -Community Fund			
Cash and Short Term			
Chequing and Savings:			
Edam Credit Union	**166,352**		
Goodsoil Credit Union	**43,177**		
Innovation Credit Union, Meadow Lake	**413,563**		
Innovation Credit Union, North Battleford	**190,693**		
R.M of Wilton	**40,774**		
R.M. of Frenchman Butte	**9,722**		
R.M. of Hillsdale	**55,456**		
Synergy Credit Union, Lloydminster	**19,822**		
Town of Cut Knife	**185,116**		
Town of Lashburn	**23,206**		
Town of Marshall	**1,021**		
Town of St Walburg	**25,606**		
Village of Rockhaven	**15,448**		
Village of Waseca	**9,465**		
PAC & West GIC	**15,798**	10-May-12	1.96%
	1,215,219		
Long Term			
CDN Western GIC	**15,837**	10-May-13	2.25%
CDN Western GIC	**15,905**	12-May-14	2.75%
Edam Credit Union	**20,083**	30-Nov-16	1.25%
	51,825		
Total Restricted Investments -Community Fund	**1,267,044**		
Subtotal	**4,813,633**		

* Restricted Investments consist of:

-Community Generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and

-Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) held in the Capital Fund (Schedule 4).

Schedule 2 (continued)

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF CASH AND INVESTMENTS
as at March 31, 2012

	Fair Value	Maturity	Effective Rate
Balance Forward	$ 4,813,633		
Unrestricted Investments -Operating Fund			
Cash and Short Term			
Innovation Credit Union	2,934,611		
Synergy Credit Union	12,570,572		
Turtleford Credit Union	20,528		
Credential Securities Cash Account	3		
Equities	873		
Petty Cash	15,583		
BMO Advisors ADV Trust GIC	47,139	30-Apr-12	2.25%
CDN Western Bank GIC	26,318	30-Apr-12	2.71%
CDN Western Bank GIC	40,164	10-Jan-13	1.88%
Synergy Credit Union	183,578	10-Dec-12	1.70%
Synergy Credit Union	111,342	16-Dec-12	1.70%
Synergy Credit Union	240,801	28-Dec-12	1.30%
Synergy Credit Union	443,178	28-Dec-12	2.20%
Synergy Credit Union	225,505	29-Dec-12	3.75%
Synergy Credit Union	128,369	01-Jul-12	1.65%
Synergy Credit Union	85,485	14-Sep-12	1.30%
Synergy Credit Union	132,452	13-Dec-12	1.30%
Synergy Credit Union	164,429	11-Jan-13	1.30%
Synergy Credit Union	43,290	25-Jun-12	3.00%
Synergy Credit Union	51,209	03-Dec-12	2.20%
Term Deposit - Servus Credit Union	213,488	n/a	2.35%
	17,678,917		
Long Term			
Credit Union Member shares	5		
Member equity	134,450		
CDN Western Bank GIC	32,849	29-Apr-13	3.31%
Synergy Credit Union	43,290	25-Jun-13	3.00%
CDN Western Bank GIC	58,555	05-Aug-13	2.67%
Synergy Credit Union	51,376	03-Dec-13	2.45%
Synergy Credit Union	227,283	29-Dec-13	4.00%
CDN Western GIC	26,023	12-May-14	2.75%
Synergy Credit Union	43,290	25-Jun-14	3.00%
Concentra GIC	103,869	20-Oct-14	2.65%
Synergy Credit Union	51,343	03-Dec-14	2.40%
Synergy Credit Union	224,005	28-Dec-14	1.70%
Manulife TR GIC	29,444	12-Jan-15	2.25%
Synergy Credit Union	226,755	07-Jun-15	3.72%
Synergy Credit Union	43,290	25-Jun-15	3.00%
Manulife GIC	52,057	23-Nov-15	2.95%
Synergy Credit Union	51,510	03-Dec-15	2.65%
Synergy Credit Union	43,127	24-Jun-16	2.50%
Synergy Credit Union	51,059	02-Dec-16	2.20%
RBC GIC	100,584	10-Jan-17	2.67%
	1,594,164		
Total Unrestricted Investments -Operating Fund	19,273,081		
Total Investments	$ 24,086,714		
Restricted and Unrestricted Totals			
Total Cash & Short Term	22,440,725		
Total Long Term	1,645,989		
Total Investments	$ 24,086,714		

Schedule 3

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUND BALANCES
as at March 31, 2012

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donations	Expenses	Withdrawals	**Balance End of Year**
L. Gervais Memorial Health Centre	$ 89,334	$ 1,151	$ -	$ -	$ -	**$ 90,485**
Northland Pioneer Lodge	408,574	4,121	-	-	-	**412,695**
Lady Minto Health Centre	181,742	1,695	6,734	(250)	-	**189,921**
Saskatchewan Hospital	191,237	1,901	-	-	-	**193,138**
River Heights Lodge	6,708	515	-	-	-	**7,223**
R.M. of Cut Knife	141,629	1,596	-	-	-	**143,225**
R.M. of Frenchman Butte	9,651	72	-	-	-	**9,723**
R.M. of Hillsdale	54,931	525	-	-	-	**55,456**
R.M. of Wilton	40,774	-	-	-	-	**40,774**
Town of Cut Knife	41,474	418	-	-	-	**41,892**
Town of Lashburn	24,571	(1,366)	-	-	-	**23,205**
Town of St. Walburg	27,186	(1,581)	-	-	-	**25,605**
Village of Marshall	1,100	(80)	-	-	-	**1,020**
Village of Rockhaven	15,294	154	-	-	-	**15,448**
Village of Waseca	9,427	38	-	-	-	**9,465**
	$ 1,243,632	$ 9,159	$ 6,734	$ (250)	$ -	**$ 1,259,275**

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Revenue	Capital Grant	Expenses	Withdrawals/ Transfers	**Balance End of Year**
Ministry of Health -Capital Projects	$ 3,420,662	$ 51,309	$ -	$ (471,971)	$ -	**$ 3,000,000**
	$ 3,420,662	$ 51,309	$ -	$ (471,971)	$ -	**$ 3,000,000**
Total Externally Restricted Funds	$ 4,664,294	$ 60,468	$ 6,734	($472,221)	$ -	**$ 4,259,275**

Schedule 4

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
as at March 31, 2012

	Balance Beginning of Year	Investment Income Allocated	Annual Allocation	Other Income	Operating Expenses	Capital Expenses	**Balance End of Year**
Capital							
SHC Replacement Reserves							
Cut Knife & District Special Care Home Inc.	$ 55,543	$ 679	$ 9,340	$ -	$ (2,339)	$ -	**$ 63,223**
L.Gervais Memorial Health Centre	-	-	4,500	-	(4,500)	-	**-**
Lakeland Lodge	64,810	793	6,500	-	-	(42,504)	**29,599**
Lloydminster and District Senior Citizens Lodge	-	-	13,000	-	(1,368)	(11,632)	**-**
Northland Pioneers Lodge	175,449	2,145	19,523	-	(15,205)	(26,089)	**155,823**
River Heights Lodge	19,771	242	15,735	-	(6,803)	(28,945)	**-**
Turtle River Nursing Home	75,849	927	-	-	(1,064)	-	**75,712**
Total SHC	391,422	4,786	68,598	-	(31,279)	(109,170)	**324,357**
Other Internally Restricted Funds							
Donation Funds	849,025	-	-	172,722	-	(233,385)	**788,362**
ER Renovation Reserve	309,000	-	-	-	-	-	**309,000**
Northland Pioneers Lodge Reserve	300,158	3,015	-	-	-	-	**303,173**
Reserve for Ambulance	99,017	-	70,991	-	-	(116,670)	**53,338**
Total Capital	1,948,622	7,801	139,589	172,722	(31,279)	(459,225)	**1,778,230**
Operating							
Other Internally Restricted Funds							
Donation Funds	491,631	-	-	112,356	(210,385)	-	**393,602**
Total Operating	491,631	-	-	112,356	(210,385)	-	**393,602**
Total Internally Restricted Funds	$ 2,440,253	$ 7,801	$ 139,589	$ 285,078	$ (241,664)	$ (459,225)	**$ 2,171,832**

The other internally restricted capital fund balance represents cash available to the Authority and restricted by the Authority which has been earned within that fund or transferred to the fund from the Operating Fund or the Community Trust Fund.

The Authority established an internally restricted reserve for Emergency Response Services enhancements. This reserve can be used for either operating or capital expenditures and is at the discretion of the Authority.

Schedule 5

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY

BOARD MEMBER REMUNERATION
as at March 31, 2012

	2012							2011
Board Members	Retainer	Per Diem	Travel Time	Travel & Sustenance	Other Expenses	CPP	**Total**	Total
Chairperson								
O'Grady, Bonnie	$ 9,960	$ 20,606	$ 11,644	$ 8,427	$ -	$ 1,927	**$ 52,564**	$ 45,130
Board Member								
Berry, Joanne	-	5,487	2,438	3,564	-	283	**11,772**	11,599
Christensen, Ben	-	3,813	775	2,595	-	160	**7,343**	5,359
Churn, Gillian	-	4,413	1,706	2,668	-	73	**8,860**	5,448
Clements, Ross	-	700	288	431	-	29	**1,448**	1,870
Fiddler, Richard	-	2,400	1,562	3,128	-	136	**7,226**	5,722
Lamon, Terry	-	4,400	1,650	3,848	-	233	**10,131**	6,836
Lundquist, Helen	-	4,600	1,663	2,370	-	236	**8,869**	6,185
Pike, Jane	-	4,075	1,650	2,811	-	223	**8,759**	6,483
Sauer, Leanne	-	5,550	1,900	2,637	-	289	**10,376**	4,655
Speer, Donald	-	3,300	875	2,467	-	36	**6,678**	4,223
Young, Colleen	-	2,225	588	1,030	-	72	**3,915**	3,386
Total	$ 9,960	$ 61,569	$ 26,739	$ 35,976	$ -	$ 3,697	**$137,941**	$ 106,896

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
as at March 31, 2012

	2012					2011		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	**Total**	Salaries, Benefits and Allowances	Severance	Total
Fan, David - CEO	$ 391,812	$ 84	$ 391,896	$ -	**$ 391,896**	$ 198,394	$ -	$ 198,394
Chabot, Lionel - VP	185,052	84	185,136	-	**185,136**	144,105	-	144,105
Denis, Irene - VP	188,805	84	188,889	-	**188,889**	144,105	-	144,105
Jiricka, Barbara - VP	185,052	839	185,891	-	**185,891**	144,105	-	144,105
Keller, Jerry - VP	190,750	84	190,834	-	**190,834**	144,105	-	144,105
Uzelman, Glennys - VP	185,052	84	185,136	-	**185,136**	144,105	-	144,105
Total	$ 1,326,523	$ 1,259	$ 1,327,782	$ -	**$ 1,327,782**	$ 918,919	$ -	$ 918,919

(1) Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. Senior employee salaries were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance adjustments have not been determined for the year ended March 31, 2012 and will be paid out in the 2012-13 fiscal year. Refer to Note 20 for further details.

(2) Benefits and allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile, cell-phone, computer, etc., as well as any other taxable benefits.

Appendix A - Payee Disclosure List

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2012

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more.

Acaster, Dianne	135,126
Agraviador, Edda Aura	80,061
Akre, Kim	94,152
Akre, Lorrie	70,259
Albers, Denise	51,314
Albert, Lori	79,410
Allan, James	60,197
Almond, Deanne	82,398
Almond, Rosemary	78,703
Amusat, Ismaila	92,348
Anderson, Lorilynn	91,599
Anderson Callbec, Trina	104,602
Andoyo, Nelter	79,096
Angat, Jackie	91,667
Antinero, Maria Ann	78,128
Antony, Anson	61,080
Arcand, Christine	108,480
Arneson, Lillian	75,352
Arnold, Shelley	86,255
Auriat, Odette	142,621
Austin, Audra	113,694
Aznar, Chariss	84,841
Azupardo, Keyleen	140,976
Bacchetto, Theresa	80,866
Bagnall, Monique	64,217
Bailey, Anita	54,038
Bailey, Kathryn	100,333
Bailey, Todd	118,107
Baldinus, Debra	93,611
Balysky, Arnold	50,560
Bandola, James	74,125
Banks, Shannon	71,093
Banks, Shelly	78,788
Banks, Tara	54,098
Bannerman, Annette	65,421
Bannerman, Charlene	84,619
Bannister, Jennifer	70,582
Barclay, Grant	60,129
Barnett, Isabelle	87,742
Barr, Idella	93,638
Bartkewich, Catherine	84,221
Basilio, Catherine	68,579
Bauer, Matthew	58,270
Bauer, Robert	94,418
Bauming, Holly	153,992
Baynham, Carrie	111,676
Baynham, Jacquelin	104,503
Beaubien, Janet	75,382
Beaudry, Valerie	55,047
Beckman, Barbara	98,296
Bedford, Shirley	74,480
Beisel, Shanna	55,484
Belanger, Paul	52,313
Beler, Brenda	85,598
Bell, Nancy	65,791
Bellanger, Kristin	77,409
Bencharski, Karen	84,757
Bendall, Lucy	94,784
Bentley, Regina	146,811
Bergmann, Catherine	50,203
Bernard, Cassandra	80,794
Bernier, Marie	85,092
Berthelette, Charlotte	50,909
Bertsch, Shirley	64,468
Best, Peggy	96,196
Bielecki, Joanne	94,385
Bilanski, Lisa	99,448
Binny, Alicia	85,150

Personal Services (continued)

Birkett, Bryan	65,502
Birkett, Sandra	70,246
Bishara, Chantal	103,910
Bishop, Marla	80,945
Blain, Marion	86,277
Blais, Elaine	88,824
Blais, Louise	92,774
Blais, Valerie	69,338
Bland, Erin	68,669
Blandin, Ashley	84,640
Blaquiere, Mary Jean	53,493
Bloch Hanson, Kathryn	90,038
Blocha, Doreen	52,198
Bloom, Bethany	65,748
Blouin, Rhonda	68,631
Blythe, Catriona	64,174
Bodnar, Cynthia	253,035
Boehm, Kristina	79,809
Bogdan, Melanie	104,033
Bojarski, Shirley	72,535
Bolster, Lauri	78,257
Booth, Beverly	114,704
Borowsky, Gail	51,499
Bortnak, Lindsay	63,476
Boskill, Sharon	131,705
Boudreau, David	51,909
Boulton, Noreen	82,087
Bourassa, Candace	68,765
Bouvier, Erin	73,714
Bouvier, Linda	87,695
Bowman, Jodi	68,140
Boyer, Claudette	69,087
Boyer, Darron	54,187
Braaten, Cathy	68,646
Brataschuk, Cathie	56,887
Brausse, Connie	69,196
Brick, Dean	105,321
Brick, Lorette	52,433
Brodbin, Helene	78,561
Brow, Denise	55,210
Brow, Robert	84,520
Browarny, Tonya	65,680
Brown, Betsy	75,301
Brown, Candace	70,098
Brown, Christine	79,669
Brown, Robert	130,696
Brown, Saraya	58,053
Brucks, Susan	83,348
Brun, Wanda	70,562
Brust, Nicole	74,568
Buan Salazar, Nichole	104,329
Buchynski, Kenneth	157,197
Buck, Gloria	57,164
Buck, Jillian	59,739
Bugler, Brenda	67,902
Buhler, Jenna	85,445
Bullock, Karen	93,439
Bullock, Lloyd	123,984
Bunnell, Diane	100,435
Burnouf, Jeannine	91,684
Burrell, Jonathan	61,395
Burroughs, Penny	84,731
Burrows, Kimberly	59,188
Byl, Kathy	76,946
Cadrin, Lois	64,076
Cain Buglas, Jacalyn	88,244
Cameron, Greg	77,725
Camgoz, Lynn	100,840
Campbell, Jessica	75,792
Campbell, Lindsay	92,899
Canfield, Robyn	82,987
Cann, Terry	87,336
Cappelle, Jarret	61,472
Carey, Deb	117,726
Carey, Lorelie	84,448
Carlton, Taralie	75,284
Caron, Michael	109,035
Cavanagh, Dianne	82,558
Cavanagh, Nicole	64,620
Chabot, Lionel	190,052
Chambers, Jennifer	58,116
Chambers, Margaret	101,615
Charabin, Brenda	89,553
Chartier, Timothy	68,539
Chaykowski, Brenda	94,162
Cheesbrough, Cassandra	88,088
Chermcara, Gail	58,987
Cherwinski, Melissa	62,236
Chibri, Lynda	52,620
Choe, Yoon Jung	77,810
Chomicki, Doreen	77,840
Christianson, Christine	70,863
Christianson, Cindy	57,561
Chua, Lamberto	68,086
Chubb, Patricia	126,170
Chuiko, Paula	60,577
Churko, Andrea	85,670
Clague, Laurie	193,065
Clark, Margaret	59,049
Clark, Marlene	62,018
Clarke, Darlene	92,263
Clarke, Penni	72,337
Clemente, Fidelita	87,224
Cloarec, Rachelle	76,642

Personal Services (continued)

Coleman, Glenys	124,121
Collinge, Dianne	102,071
Collins, Karen	92,625
Collins, Shari	73,638
Conacher, Ashley	68,643
Conacher, Laurie	72,851
Conacher, Michaela	67,802
Cook, Danelle	70,981
Cook, Robert	101,924
Cooke, Heather	76,400
Cooling, Janisa	65,562
Cooney, Carol	51,473
Corbeil, Alan	74,749
Cornista, Teeny	100,793
Corpe, Cathy	72,227
Corrigal, Twyla	67,383
Cortus, Debby	97,352
Craig, Irene	104,648
Crickard, Karen	86,233
Crone, Eileen	97,206
Cross, Katherine	59,662
Crossman, Doris	59,739
Crush, Noreen	58,936
Cubbon, Karen	57,510
Cuff, Shirley	57,789
Culligan, Erin	70,683
Cunanan, Abigail	97,151
Cunningham, Cayley	52,485
Custer, Cory	77,393
Dahl, Glenda	73,257
Dallaire, Danielle	62,111
Danderfer, Arleen	50,790
Darbellay, Lorraine	56,793
Davidson, Jody	114,955
Davidson, Theresa	76,420
Davis, Dale	69,257
Davis, Jane	96,848
Davis, Martha	63,617
Day, Kelly	104,790
Day, Myles	55,314
De Bruin, Shannon	72,948
De Dios, Diana	65,624
Dearborn, Anna	59,614
Decelle, Kathy	73,672
Degenstein, Amanda	101,831
Degenstien, Erin	85,689
Del Frari, Phyllis	50,133
Deneschuk, Judith	88,536
Denis, Irene	193,805
Denton, Andrea	65,719
Derdall, Kent	60,814
Derkatz, Rhonda	112,253
Derkatz, Trevor	170,550
Desjarlais, Michelle	56,411
Deutscher, Carol	81,556
Dickie, Diane	51,575
Dimmick, Tammy	104,757
Dmytryshyn, Stacy	76,184
Dodsworth, Dawn	83,512
Donahue, Leslie	99,841
Donald, Brenda	74,366
Donald, Janet	72,122
Doom, Debra	111,191
Doshen Gervais, Lisa	61,748
Douville, Lorraine	51,038
Duchscherer, Wayne	66,840
Duddridge, Shawn	94,051
Duhaime, Tanya	55,044
Dumouchel, Kathryn	85,301
Duncan, Diana	50,821
Duncan, Elizabeth	72,235
Dupuis, Darlene	105,313
Dupuis, Lori	63,659
Dureau, Chantelle	72,613
Dust, Ashley	51,681
Dustow, Verlyne	99,856
Dutton, Shellie	71,342
Dyck, Carol	91,445
Dyck, Carolyn	102,614
Ebach, Chris	74,185
Eberle, Cindy	126,631
Edwards, Timothy	78,606
Eliasson, Fred	81,608
Elliot Rumpf, Karen	70,245
Ellis, Shana	54,295
Engelke, Carmel	94,894
Engelke, Johann	85,024
English, Dawn	100,292
English, Roderick	112,296
Ens, Jennifer	77,489
Epp, Priscilla	99,862
Erana, Gladys	71,764
Erickson, Faye	94,151
Ernst, Bernadett	97,344
Etcheverry, Chris	107,008
Etcheverry, Geoff	104,474
Etcheverry, Lionel	96,874
Etcheverry, Lisa	109,268
Etue, Christine	74,807
Ewanchuk, Eunice	51,329
Ewanchuk, Lindsay	64,858
Fafard, Sandra	78,524
Fan, Colleen	85,595
Fan, David	391,812

Personal Services (continued)

Farrell, Barbara	78,181
Farrell, Danielle	69,886
Fedler, Danielle	63,840
Feist, Carla	58,072
Ferbey, Kelly	87,922
Ferderer, Joy Lyn	58,360
Ferguson, Sandra	60,150
Ferland, Armande	92,307
Fernandez, Jean	128,316
Fernandez, Kohleen	105,822
Ferron, Shelley	52,210
Figurasin, Hyacinth	78,860
Fillion, Janice	69,330
Flasch, Ashton	78,355
Flath, Kimberly	71,182
Fleury, Meghan	62,601
Fluney, Doris	55,894
Forbes, Gary	54,060
Forbes, Shelley	90,911
Ford, Brittiany	60,501
Forester, Barbara	68,583
Fortin, Denise	52,967
Foster, Wendy	81,311
Francais, Garrett	105,279
Franklin, Lindsey	85,797
Fransoo, Colais	101,272
Fransoo, Paul	76,537
Freimark, Judy	60,071
Frey, Geoff	78,579
Frey, Jared	70,745
Friedrich, Andy	88,013
Friesen, Karen	54,455
Frolek, Patricia	80,932
Fung, Teresa	97,775
Gabruch, Colleen	70,471
Gallano, Florinda	83,447
Gamble, Leslie	55,576
Gauthier, Kristin	77,790
George, Suneesh	79,423
Gerbig, Karen	124,074
Gerbrandt, Gloria	105,197
Gerlinsky, Lisa	109,504
Gervais, Donnell	113,348
Getzinger, Amy	76,119
Gieni, Kathleen	60,300
Gill, Chris	71,152
Gill, Harpreet	68,027
Gill, Rosanne	89,702
Gillego, Abigail	90,918
Gillen, Toby	106,733
Gillespie, Laurie	79,949
Glowa, Lorne	112,028
Gorchinski, Cindy	69,104
Gosling, Kerri	90,416
Gossen, Karen	108,812
Graf, Jan	57,141
Graham, Donna	50,711
Graham, Shiela	67,025
Grant, Sandra	104,440
Grasby, Michele	92,281
Gratton, Candace	69,273
Graupe, Lori	123,146
Gravelle Allenby, Angela	109,945
Graw, Esther	70,019
Greedharry, Prema	74,018
Greenfield, Robert	66,573
Greenwald, Kelly	86,738
Greenwald, Tammy	54,727
Greenwood, Beverly	91,690
Gregg, Joanne	66,055
Gregoire, Gillian	109,796
Grela, Joseph	80,663
Greschner, Matthew	75,771
Greschner, Nadyne	100,337
Griffin, Lorraine	75,038
Grigo, Sandra	69,856
Grychowski White, Lorraine	113,810
Gubbe, Debra	81,350
Gubbe, Greg	94,688
Gubbe, Joanne	65,106
Gubbe, Louis	51,820
Gubbe, Spencer	113,359
Gulka St Laurent, Camillia	72,177
Gullickson, Deborah	50,718
Gunderson, Alison	90,130
Gustafsson, Laurie	85,349
Gusztak, Lewko	436,527
Hadland, Brenda	108,785
Haftner, Debra	65,927
Hager, Genien	84,728
Hagerty, Tammy	74,905
Haggard, Alison	111,118
Hall, Jeanette	96,931
Hamel, Denise	61,460
Hames, Shelly	70,337
Hamilton, Charlotte	108,897
Hamoline, Rebecca	60,131
Hampton, April	74,211
Hanna, Christine	68,213
Hanna, Melissa	84,601
Hanna Woodworth, Jennifer	103,460
Hannah Paulhus, Joyce	100,505
Harbus, Debbie	101,621
Harder, Audrey	84,648

Personal Services (continued)

Hardes, Laurie	51,617
Harlingten, Leora	89,866
Harms, Shannon	89,402
Harper, Howard	57,035
Harper, Rose	79,505
Harrison, Jennifer	97,049
Harrison, Shelly	74,692
Harrower, Ashley	69,788
Hart, Freda	54,662
Hartnett, Michelle	108,335
Harvey, Tricia	77,013
Hasselberg, Leah	59,468
Haughian, Terrie	113,112
Hawryluk, Amanda	56,338
Hayward, Cindy	79,434
Head, Myrna	61,386
Heidel, Kellie	95,495
Heidel, Michelle	93,352
Heintz, Shannon	100,433
Heintz, Wendy	74,696
Hertes, Susan	55,820
Hettinger, Jody	50,586
Hetu, Deborah	83,292
Hill, Elizabeth	72,108
Hill, Karen	56,672
Hillaby, Vanessa	78,024
Hilsendager, Brent	74,616
Hines, Tyler	88,852
Hnatiw, Carrie	74,284
Hodgins, Jodie	53,328
Hoganson, Mardelle	105,851
Hoglander, Lorna	81,484
Holba, Barb	100,255
Hood, Clinton	52,817
Horn, Janice	98,293
Horpestad, Beverlie	73,393
Horrex, Susan	90,024
Horsman, Shelly	111,700
Horvath, Marcie	105,636
Horvath, Mitchell	61,659
Hotel, Robert	63,220
How, Cindy	100,563
How, Ernie	104,839
Hritzuk, Celine	88,632
Hryn, Donna	74,541
Hryniuk, Carol	106,167
Huard, Patricia	70,908
Huber, Debora	101,919
Huber, Jodie	76,714
Huebert, Kristin	133,599
Hughes, Kelly	107,948
Hulme, Angela	66,635
Hume, Louise	75,979
Humenny, Therese	54,052
Hupaelo, Jody	67,587
Hurley, Jay	88,957
Huxley, Denise	98,093
Igini Close, Marie	97,531
Illingworth, Cherie	82,285
Illingworth, Connie	128,858
Ingram, Marlene	62,994
Ip Fung Chun, Roger	129,232
Iron, Lindsay	57,146
Iron, Shelly	69,311
Irwin, Jamie	72,199
Iturralde, Cecille	112,605
Iturralde, Lailani	115,577
Iverson, Darlene	57,002
Iverson, Darryl	75,115
Iverson, Marie	63,170
Iwanchuk, Debbie	86,989
Iwegbu, Nwando	71,717
Jabagun, Adetoun	102,225
Jabagun, Johnson	73,643
Jack, Shirley	71,594
Jackson, Sharon	107,985
Jacob, Linju	74,864
Jaindl, Sharon	71,606
Jamieson, Claudette	122,436
Jamieson, Jennifer	65,389
Jeffrey, Evangelin	94,225
Jeffrey, Miles	97,760
Jeske, Angela	70,652
Jesse, Lorrieann	90,928
Jiricka, Barbara	190,807
Jiricka, Brilyn	88,873
Johner, Maxine	92,657
Johnson, Barbara	70,997
Johnson, Brook	72,152
Johnson, Heather	95,100
Johnson, Jenelle	51,348
Jones, Charley	74,428
Jones, Gloria	62,926
Jones, Judy	71,915
Jones, Lori	63,214
Jonsson, Brian	106,754
Jorgenson, Patsy	50,255
Juarez, Michael	85,603
Jullion, Alyssa	55,289
Jury, Kendall	78,639
Kainberger, Carole	50,463
Kalev, Myrna	55,667
Kalk, Shayla	50,028
Kalra, Jitender	52,050

Personal Services (continued)

Kaltenborn, Vicki	98,674
Kalyn, Rhonda	65,064
Kalynchuk, Valarie	60,128
Kanz, Bobbi	59,752
Kaplar, Gwendolyn	102,540
Karpluk, David	58,079
Kearnan, Nancy	63,850
Keller, Jerry	195,750
Keller, Muriel	54,676
Keller, Tammy	53,658
Khabibulin, Rynat	56,895
Kingwell, Darlene	66,175
Kipp, Renee	73,673
Kirkland, Marianne	81,540
Kirton, Bobbi Lyn	51,299
Klassen, Marlon	94,408
Klippenstein, Allan	63,740
Knibbs Bell, Rebecca	74,651
Knutson, Theresa	94,676
Koch, Gail	91,699
Koch, Lori	141,513
Kohuch, Judy	110,864
Kolosnjaji, Aleks	81,121
Konlan, Binamin	91,955
Koroluk, Richard	86,989
Kotun, Laurie	88,659
Kozinski, Judy	55,315
Kozlowski, Koreen	102,988
Kramer, Barbara	79,636
Kramer, David	73,532
Kramer, Kaeley	66,001
Kramm, Michael	52,380
Krause, Joan	50,388
Krepps, Denice	73,287
Krushelnitzky, Krista	58,635
Kube, Donna	56,993
Kuntz, Coralie	73,183
Kurc, Dorota	92,164
Kuziak, Joan	80,418
Kzyzyk, Diane	69,360
Labrash, Tammy	71,705
Lafleur, Tammy	64,744
Lafond, Allison	83,874
Lafoy, Rosaleen	51,150
Lafreniere, Pamela	117,627
Laing, Alison	54,436
Lajeunesse, Kristinn	64,964
Laliberte, Tanya	84,923
Lalonde, Florence	70,409
Lalonde, Michelle	58,814
Lamon, Pamela	55,439
Lamoureux, Peggy	229,163
Landreth, Janet	94,734
Landrie, Cynthia	110,874
Lange, Janine	57,037
Laplante, Christina	71,826
Larson, Crystal	62,771
Larson, Melinda	52,527
Larsson, Kimberley	89,627
Latus, Bruce	50,128
Lauinger, Sandra	77,331
Lauritzen, Dianne	74,262
Laventure, Carolyn	64,083
Laventure, Colleen	68,698
Lavoie, Gail	100,408
Lavoie, Judy	90,664
Lay, Julia	69,667
Lee, Kathy	76,923
Leedahl, Heather	54,765
Leepart, Jennifer	67,152
Legere, Jeremie	59,790
Leitner, Jean	95,421
Lemke, Nicole	75,436
Leniuk, Janine	117,702
Letwenuk, Patricia	53,370
Letwinetz, Bonnie	53,970
Lewis, Linda	80,558
Lindquist, Murray	138,638
Lindquist, Randy	78,431
Lisko, Tamara	70,341
Loch, Sharlene	62,544
Lockhart, Becky	88,849
Lockhart, Joyce	104,323
Loehndorf, Jenna	79,829
Loewen, Heather	85,752
Logue, William	69,413
Loney, Shirley	124,153
Lorenz, Sharon	74,448
Lubchynski, Savannah	86,981
Lubianesky, Amanda	77,459
Lukan, Kristin	52,212
Lychak, Tremayne	67,022
Lynds, Dalmar	107,517
Lyon, Kelly	107,947
Macdonald, Joan	87,167
Macdonald, Rosemarie	73,829
Mackenzie, Shannon	90,849
Mackinnon, Andrea	74,496
Mackinnon, David	95,934
Mackrell, Carol	118,043
Macleod, Roy	115,638
Maclure Eastman, Martha	74,169
Macnab, Brenda	62,166
Macnab, Ralph	92,402

Personal Services (continued)

Macnab, Shelly	73,014
Madsen, Dorothy	78,754
Malach, Matt	77,050
Malekoff, Debra	62,544
Mamer, Susan	94,916
Mamer, Theresa	59,236
Manegre, Nicole	82,284
Manegre, Sherri	97,123
Mangona, Catrina	110,845
Mani, Mini	60,623
Mann, Devin	77,706
Manuel, Ashley	72,272
Marchadour, Donna	69,530
Marciniuk, Sherry	55,098
Marcoux, Jennifer	83,982
Martens, Debbie	61,484
Martin, Elaine	50,177
Martinson, Karen	105,835
Mason, Betty	102,702
Matechuk, Joan	75,143
Mayer, Jody	96,535
Maze, Courtney	61,928
Mccallum, Georgette	73,587
Mccaslin, Howard	74,476
Mcconnell, Chelsey	70,811
Mccord, Chad	71,595
Mcgillis, Barbara	65,434
Mcginley, Victoria	67,459
Mchattie, Jane	82,789
Mcintyre, Darcy	90,823
Mckay, Carey	63,989
Mckay, Shirley	62,240
Mckee, Roberta	51,872
Mckeen, Michael	56,659
Mckenzie, Rema	66,565
Mclaughlin, Marykate	80,060
Mcleod, Mary	89,013
Mcmaster, Sarah	72,504
Mcmaster, Teresa	72,565
Mcmillan, Dorothy	101,846
Mcmillan, Teresa	93,490
Mcmurphy, Melissa	101,341
Mcnabb, Adam	74,700
Mcneil, Dana	150,732
Mcouat, Ina	175,745
Mcrae, Joan	78,873
Mcrae, Kenneth	206,512
Mcwatters, Patricia	105,791
Meagher, Lisa	67,768
Mee, Brad	79,445
Meena, Sharon	89,545
Meier, Jarvis	73,587
Meier, Terry	69,391
Meikle, Mary Lynn	67,798
Melchior, Jacquelin	110,472
Melenchuk, Dalton	78,694
Melling, Lynne	123,629
Menard, June	65,207
Menzel, Colleen	72,210
Metlewsky, Adam	56,609
Michaud, Blair	78,478
Michaud, Jeanne	85,452
Michaud, Therese	108,533
Miller, Alden	56,126
Miller, Jennifer	80,571
Miller Marinier, Terrylynn	88,521
Million, Diane	93,990
Mills, Patricia	67,122
Milnthorp, Randi	61,460
Misener, Patricia	68,478
Misselbrook, Bernie	52,483
Mitchell, Cheryl	89,670
Mitchell, Janet	94,320
Moir, Barbara	77,775
Momin, Nilofer	53,987
Mondez, Margareth	99,715
Moore, Bailey	53,203
Moore, Dennis	84,573
Moore, Leona	90,565
Moore, Linda	62,740
Moosomin, Anita	63,295
Morgenstern, Lila	56,694
Morin, Roxanne	107,702
Morris, Ryan	70,565
Mudry, Sarah	53,112
Mulhall, Brad	73,607
Mundt, Cynthia	80,815
Munn, Heather	77,523
Munroe, Frank	73,634
Munt, Sharlene	50,914
Murduck, Jared	74,729
Murphy, Debbie	69,684
Murray, Bruce	372,856
Mushka, Linda	55,902
Mutter, Lorraine	53,581
Muzyka, Sherrill	65,644
Mwewa, Gospel	76,635
Myszczyszyn, Debbie	88,741
Nachtegaele, Glenn	74,505
Nachtegaele, Lori	64,524
Nachuk, Sara	77,411
Nagy, Sylvia	105,175
Nairn, Krista	62,766
Nash, Faith	81,490

Personal Services (continued)

Navarro, Lori	95,472
Nelson, Donna	94,504
Neuls, Kimberley	77,778
Nielsen, Tracie	54,977
Nixon, Rhonda	72,760
Nolin, Gary	106,035
Nuanta, Tiwawan	103,188
Nyholt, Donna	60,562
Nyholt, Pamela	82,674
Nystrom, Dawn	109,896
Oborowsky, Earl	110,560
Oborowsky, Robyn	60,958
Obrien, Geoffrey	65,020
Obrien, Shea	91,370
Oddan, Irene	107,841
Ogbonna, China	56,454
Ogbonna, Chinedu	78,746
Oliver, Diane	61,588
Oliver, Lisa	100,849
Oliver, Lynda	97,458
Olivier, Sandra	66,426
Ollen, Joan	89,797
Olsen, Daniella	85,617
Olsen, M Joanne	106,456
Olson, Donna	90,518
Omelchenko, Kim	135,221
Oquinn, Jeanne	126,509
Orense, Sam (Mari	115,719
Orriss, Cliff	86,234
Ostapowich, Irene	64,698
Oster, Adrienne	78,315
Oster, Louise	50,427
Ouellette, Keith	129,633
Ovens, Lucie	74,473
Paddy, Rachel	55,268
Palidwor, Marion	94,027
Palmer, Janet	82,554
Panapasa, Lusia	105,058
Panton, David	67,982
Parenteau, Mandy	97,392
Park, Jennifer	65,908
Parker, Scott	92,671
Parkinson, Glenda	65,657
Pascual, Siovey	81,994
Pashniak, Sandra	57,566
Pastrana, Sherwin	97,516
Pauls, June	57,427
Pawliw, Brittni	61,634
Pawlus, Laurelle	58,872
Paylor, Lindsay	96,134
Pecua, Mary	98,886
Pekas, Maribeth	92,810
Perrin, Colleen	65,404
Perry, Carrie	81,649
Peterson, Deborah	50,481
Peterson, Janet	74,692
Pethick, Brenda	87,441
Petruk, Lue	65,701
Petruk, Paula	99,896
Petryshyn, Brenda	79,986
Phommavong, Dur	89,665
Piatt, Roger	79,437
Pidkowa, Barbara	118,171
Pidwerbeski, Janice	81,655
Pierce Argue, Glenda	74,920
Piper, Diane	109,838
Pitman Fisher, Patricia	107,626
Poitras, Barbara	55,438
Politeski, Linda	92,281
Pollock, Stephen	90,292
Potter, Murray	65,861
Pouliot, Monique	52,693
Poulsen, Nancy	87,197
Prescesky, Crystal	71,774
Prescesky, Jan	75,600
Preston, Colleen	108,561
Preston, Justine	81,282
Primeau, Gayla	68,962
Proctor, Leanne	86,581
Prystupa, Edna	65,543
Prystupa, Richard	60,811
Prystupa, Tracey	135,443
Ptolemy, Joyce	70,753
Pudlowski, Kent	88,433
Puech, Erin	50,064
Puech, Monique	92,769
Pyle, Nathan	91,937
Pynten, Kyla	69,434
Rackel, Mary	94,285
Rahm, Greg	59,426
Raiche, Chasity	94,789
Raiche Bogdan, Karen	94,120
Ramshaw, Merle	94,941
Rathke Kubik, Candace	70,234
Raw, Julie	84,780
Rawlyk, John	90,323
Rea Buziak, Gina	69,858
Regis, Velma	95,382
Reiber, Marnie	76,726
Reid, Yvonne	92,886
Reimer, Bruce	113,502
Reinhart, Cathy	89,517
Reis, Angelina	59,989
Reiter, Russell	67,682

Personal Services (continued)

Rekimowich, Tanis	69,925
Renaud, Helen	54,611
Reschke Mckay, Ruth	56,736
Rewerts, Marsha	84,460
Rhinehart, Leanna	50,205
Rhinehart, Marcia	84,997
Rhinehart, Tina	50,586
Ribey, Coleen	83,536
Rideout, Rikki	90,884
Rindero, Gaylene	95,659
Rindero, Lynzie	116,937
Risling, Cindy	50,775
Risling, Cora	61,352
Rittinger, Jenna	69,932
Roach, Joyce	76,691
Robb, Kerri	65,105
Robertson, Craig	61,185
Robertson, Eileen	76,877
Robertson, Lindsay	84,835
Robinson, Alice	86,234
Robinson, Shelley	94,257
Roenspies, Melissa	79,139
Rogers, Ann	63,777
Rogers, Corrinne	82,255
Rogers, Helen	57,023
Rohovich, Carol	122,286
Rondeau, Monique	91,106
Rono, Summer	105,486
Roschker, Allison	71,487
Ross, Debra	74,008
Ross, Genevieve	74,071
Ross, Karen	70,441
Roszlein, Diane	143,523
Roth, Joanna	65,851
Rothenburger, Evelyn	53,632
Rotsey, Marilyn	95,711
Roussel, Debbie	96,005
Rowland, Mary	79,250
Roy, Melodie	108,117
Rubidge, Glen	67,227
Rudrick, Jana	74,012
Runge, Adria	69,936
Rutherford, Joyce	58,800
Rutley, Jodi	92,293
Rutley, Kerry	54,106
Sack, Gail	64,919
Sack, Linda	118,261
Saemann, Kelli	72,087
Samson, Marilen	155,428
Sankey, Sharon	149,391
Santiago, Elizabeth	97,609

Santos Goller, Maryrose	132,024
Saretsky, Neil	63,666
Sargent, Tim	59,916
Savoie, Dallas	114,787
Sawatzky, Yvonne	90,292
Sayers, Chad	97,096
Schafer, Travis	52,491
Schell, Melissa	65,341
Schlapkohl, Wayne	112,790
Schleibinger, Rhonda	65,564
Schlekewy, Georgia	61,792
Schmid, Kylie	71,732
Schneider, Allison	70,985
Schneider, Lucille	68,906
Schommer, Donna	62,127
Schumacher, Ellen	56,664
Schussler, Kevin	61,817
Scott Olsen, Randa	104,798
Seewalt, Evelyne	73,344
Seib, Ashley	57,313
Seib, Donna	56,448
Senger, Heather	72,367
Seru, Malakai	57,040
Seru, Mereamo	124,449
Servold, Brenda	97,911
Sesay, Mariatu	59,918
Seymour, Judith	54,643
Shkopich, Lori	90,670
Shynkaruk, Linda	113,819
Sibley, Nicole	54,266
Sieben, Dianne	77,537
Sieben, Tracy	107,471
Siklenka, Brenda	69,998
Silbernagel, Roxanne	72,046
Simmons, Brenda	67,705
Simmons, Roy	62,142
Simon, Curtis	109,290
Simon, Doreen	79,434
Simon, Karen	102,928
Simons, Karen	70,701
Simser, Kandice	108,702
Sinclair, Dean	80,084
Slager, Tammy	75,061
Sleightholm, Sheri Lyn	62,622
Sletten, Kristy	69,601
Sloan, Todd	62,538
Smith, Brooke	80,288
Smith, Kristina	59,572
Smith, Laura	50,443
Smith, Laurie	55,118
Smith Jonsson, Lori	72,187
Snoddy, Samantha	57,943
Somerville, Delia	84,929

Personal Services (continued)

Sonmor, Elaine	55,037
Sonnega, Lois	117,076
Spencer, Coralee	131,180
Spencer, David	108,796
Spencer, Donna	64,622
Spencer, Valarie	66,301
Spratt, Sheri	55,730
Squair, Laura	106,822
Staff, Larry	80,366
Startup, Ken	80,521
Steier, Kimberly	65,898
Steiert, Audrey	97,489
Stein, Eleanor	76,446
Steinacher, Roxanne	52,571
Steinborn, Laura	98,945
Stevens, Danica	71,529
Stoebich, Haley	72,163
Stoebich, Irene	101,904
Stolte, David	86,985
Strain, Rachel	91,416
Strueby, Gail	89,994
Styre, Sheila	81,290
Suberlak, Rhonda	129,401
Sutherland, Charene	65,403
Sutherland, Debra	75,127
Sutton, Richard	106,734
Svandrlik, Joleen	62,083
Swatschina, Kara	83,042
Swerid, Cora	76,025
Swiftwolfe, Joanne	57,794
Sydia, Gena	51,063
Sylvestre, Neal	116,353
Tait, Christine	75,293
Tan, Christian	92,102
Tarasoff, Lorna	58,115
Tatchell, Maureen	95,269
Tatton, Colleen	75,510
Tatton, Lynnette	76,654
Taves, Kristi	79,192
Taylor, Leanne	92,428
Tayo, Alden	155,990
Tebay, Roberta	142,329
Ternes, Ronald	142,587
Thiele, Chris	106,138
Thomas, Patricia	110,829
Thorpe, Sheri	71,557
Timoner, Marietta	112,649
Tkatchuk, Sheila	66,911
Toews, Celeste	111,032
Tomiyama, Ethel	95,484
Tomporowski, Kathleen	83,188
Torres, Alejandra	50,377
Torresan, Megan	64,791
Toye, Colleen	105,614
Toye, Dayna	70,401
Treptow, Linda	56,386
Trew, Lorraine	78,613
Trotchie, Wendy	79,386
Tuiloma, Adi	135,110
Turcotte, Brenda	95,369
Turnbull, Brian	73,416
Turnbull, Sandra	56,760
Uhrich, Dennis	55,732
Ukrainetz, Stephanie	63,967
Utke, Meagan	67,167
Uzelman, Glennys	190,052
Van Der Merwe, Lynette	133,938
Van Stone, Mike	89,568
Vany, Angele	67,453
Vany, Camelia	56,186
Vany, Yvonne	93,917
Vaters, Linda	63,170
Veikle, Anita	69,830
Veikle, Joan	57,131
Vergara, Vincent	75,349
Vick, Bonnie	76,443
Victor, Ashley	95,729
Vogel, Margaret	71,288
Waddell, Daylene	52,789
Wagar, Marie	50,221
Wald, Melanie	82,446
Walker, Joyce	104,052
Walker, Tanya	81,801
Wall, Tonia	65,757
Wall, Yvonne	50,982
Wallace, Lucy	97,641
Wallace, Tanya	53,682
Walls, James	92,099
Walz, Kristin	94,954
Warren, Chris	75,488
Warren, Rochelle	68,752
Warrington, Natalie	108,533
Wasson, Lorraine	103,755
Wasyliw, Shelley	60,855
Watson, Catherine	95,421
Watson, Donna	120,303
Watt, Anne	143,356
Watt, Kelly	88,366
Wawrykowych, Tim	52,660
Weber, Bonnie	77,261
Weber, Daneen	71,213
Weber, Lori	102,665
Weikle, Mireille	90,942
Weinkauf, Laurie	50,597

Personal Services (continued)

Weitzel, Dianne	66,111
Weitzel, Melissa	90,877
Wells, Chantelle	77,774
Weninger, Leah	64,295
Wentworth, Joan	105,472
Weppler Heggs, Darlene	101,785
Weran, Karen	80,505
Weum, Tessa	67,576
Whelan, Patrick	59,701
White, Ashley	74,708
White, Terry	78,898
White, Tracey	66,482
Whittle, Kevin	108,776
Whitton, Charlotte	71,712
Whyte, Sheila	94,794
Wilford, Loucinda	95,538
Wilkes, Michelle	100,256
Wilkie, Fred	88,744
Wilkinson, Tara	60,718
Williams, Janice	68,027
Williamson, Donna	99,229
Williamson, Tanya	69,588
Wilson, Megan	78,938
Winter, Jamie	52,592
Winterhalt, Blaine	92,243
Wladychka, Robert	56,746
Wolfe, Anita	79,609
Woloski, Roy	84,495
Wood, Megan	72,492
Woodworth, Kent	75,797
Woodworth, Tara	73,676
Woytiuk, Andrew	74,672
Woytowich, Ben	53,869
Wright, Christine	59,886
Wright, Joslyn	70,560
Wuttunee, Alice	105,184
Wychopen, Janice	96,413
Yates, Donald	94,021
Yelland, Bernadett	92,459
Yonan, Jesay	65,005
Yonan, Monica	94,749
Yuen, Wai	108,642
Zacharias, Leila	73,298
Zeleny, Tracy	111,869
Zeller, Dorothy	57,342
Zepp, Dorothy	66,976
Zimmer, Joan	141,511
Zinger, Ronda	92,647
Znack, Kelsey	75,043
Zou, Hongyu	75,536
Zwarych, Joan	55,140

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Abbott Laboratories Ltd	212,478
Accreditation Canada	58,447
Action Office Interiors	249,222
Advanced Electronic Solutions	340,104
Alberta Blue Cross	128,766
Alcon Canada Inc	749,466
Alta-Sask Sports Physiotherapy	58,098
Aodbt Architecture Interior	459,718
Arjohuntleigh Canada Inc	671,282
Art'S Janitorial	78,427
Assoc Health Systems Inc	68,175
Aupe	59,491
B & D Meats	79,241
B'Ford & District Cooperative	56,887
B'Ford Physiotherapy	82,790
Bard Canada Inc	109,329
Battleford Asphalt Services Ltd	70,589
Battleford Furniture Ltd	61,789
Baxter Corporation	118,324
Beckman Coulter Canada Lp	240,195
Bee J'S Office Plus	267,487
Bexson Construction	1,845,177
Bio-Rad Laboratories	79,041
Biomed Recovery And Disposal	89,378
Biomerieux Canada Inc	296,570
Blue Sky Coatings	87,824
Bomimed	120,288
Btc Health	53,264
Buckwold Western Ltd	65,415
Budget Blinds Of Saskatoon,	58,636
Bunzlcanada Ltd	246,593
Calea Ltd	61,790
Can Corps Of Commissionaires	183,810
Can Curtain Corporation	66,912
Cardinal Health Can	565,902
Carestream Health Canada Co	277,283
Carestream Medical Ltd	145,337
Century Roofing & Sheet Metal	528,272
Chef Redi Meats Inc	103,212
Cherry Insurance	197,831
Christie Group Ltd	59,832
City Of Lloydminster	127,942
City Of North Battleford	283,215
Coca-Cola Bottling Ltd (Win)	56,626
Compugen Inc	151,391
Convergint Technologies	450,096

Supplier Payments (continued)

Cpdn/Rcdp	807,864
Crestline	143,596
Cupe Local 5111	1,302,401
Danrich Environmental Controls	82,369
Dell Canada Inc.	1,007,050
Direct Energy Business Services	303,393
Drager Medical Canada Inc	129,245
Dynalife Dx	582,794
Eecol Electric (Lloyd)	63,428
Eecol Electric (N.B'Ford) Ltd	113,365
Ehealth Saskatchewan	342,120
Fibertech Canada	171,491
Futuremed	454,671
G-M Pearson Biomedical Waste	71,071
Geanel Restaurant Supplies	318,891
Gordon Food Services	345,600
Grand & Toy	315,755
Great West Life Assurance Co	1,125,910
Health Benefit Trust Of Alberta	99,980
Health Sciences	187,656
Healthmetrx Canada	59,331
Hill-Rom Canada	158,287
Hospira Healthcare Corporation	911,842
Idoman Canada	80,954
Instrumentation Laboratory Canad	70,077
Intriquip Instruments	56,359
Jetstream Personnel Solutions	86,747
Johnson & Johnson Medical Prod	795,107
Johnson & Johnson Ocd	66,608
Kci Medical Canada Inc	98,936
Keir Surgical Ltd	70,042
Kemsol Products Ltd	141,204
Kountry Energy Savings Solutions	423,082
Laborie Medical Technologies Inc	51,708
Leica Microsystems (Canada) Inc	81,200
Linvatec Canada Ulc	50,134
Lloyd & District Coop	232,201
Local Authority Pension Plan	2,077,114
M C Healthcare Products Inc	129,596
Macquarie Equipment Finance Ltd	228,328
Maquet Dynamed	58,293
Marsh Canada Ltd	351,968
Mckesson Canada Corporation	1,051,461
Mckesson Distribution Partners	521,039
Meadow Lake Assoc Clinic	1,140,731
Meadow Lake Associate Clinic	185,135
Medco Equipment Inc	51,080
Medrad, Inc.	93,334
Medtronic Of Canada Ltd	278,374
Minister Of Finance (General)	196,422
Minister Of Finance (Pst)	176,635
Ministry Of Government Services	1,262,001
Modern Janitorial Sales & Serv	68,899
N B'Ford Elevator Service	59,348
N B'Ford Medical Clinic	373,123
Nicole Enterprises Inc	183,371
Nightingale	109,148
North Sk Laundry & Support	1,495,595
Northwest School Division	85,000
Novartis Pharmaceuticals Cdn	227,671
Olympus Canada Inc	253,221
Ormed Information Systems Ltd	161,439
Over The Edge Yard Care Services	63,720
Oxoid Canada Inc	120,027
Patients' Vocational Incentive	65,906
Philips Healthcare	402,582
Philips Medical Systems	609,128
Piche'S Precision Painting	68,364
Prairie Meats	188,041
Public Employees Superannuation	966,585
Rapid Refrigeration & A/C	197,608
Rbm Architecture Inc	160,785
Receiver General For Canada	41,288,980
Receiver General For Canada (Ccr)	1,805,207
Registered Psychiatric Nurses-Sk	53,091
River City Plumbing & Heating	120,190
Roche Diagnostics	865,212
Saho-Dental	1,532,278
Saho-Dip	4,003,742
Saho-Employment Strategy Comm	187,284
Saho-Ext Health & Enh Dental	3,816,674
Saho-General	594,782
Saputo	404,100
Saskatoon Health Region	58,711
Schaan Healthcare Products	2,414,387
Sharp's Audio Visual Ltd	119,330
Shel-Ter Construction	164,509
Shell Energy North America (Can)	477,238
Shepp	17,272,437
Shoppers Drug Mart (N B'Ford)	231,339
Sk Energy	690,443
Sk Energy (M Lake)	137,186
Sk Power Co (N B'Ford)	682,091
Sk Power Corporation	912,590
Sk Registered Nurses Assoc	243,635
Sk Tel (Lloyd)	282,024
Sk Tel (N B'Ford)	137,373
Sk Tel (Twin Rivers)	66,481
Sk Tel-Centrex (N B'Ford)	299,560
Sk Tel-Mobility (N B'Ford)	116,396
Sk Telecommunications	141,499
Smith & Nephew	178,837
Smiths Medical Canada Ltd	134,306

Supplier Payments (continued)

Southmedic Inc	79,426
Spectrum Restoration Services Ltd	75,263
Steris Canada Inc	195,288
Stevens Company Limited	383,411
Stryker Canada Inc	629,946
Sun	703,593
Sysco (Edmonton)	452,647
Sysco (Regina)	1,407,174
Sysmex Canada Inc	50,870
Teleflex Medical Lp	56,512
Terracap Investments	347,548
Tyco	572,143
Ultra Print	51,568
Unisource Canada Inc	272,282
United Protection Services Inc	86,487
Van Houtte Coffee (S'To)	77,626
Verathon Medical	86,740
Vipond Fire Protection Inc	94,060
Vital Aire (Saskatoon)	167,189
Viviers, Dr W	235,551
Wallace Meschishnick & Partners	70,339
Waymarc	51,542
Wbm Office Systems	847,053
Wcb Ab-Calgary	124,237
Wcb-Sk	1,295,073
Wesco Distribution Canada Lp	55,247
Western Management Consultants	296,265
Weston Bakeries Limited	65,507
Whiptail Technologies, Inc	94,500
YC Consulting Services	78,322

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

AB Health Services	373,613
B'Ford Early Childhood	118,516
B'Ford Family Health	948,863
Can Mental Health Ass-NB	150,136
Children First Child Care	398,165
Early Childhood Services	81,080
Edwards Society Inc	404,591
Learning Tree Child Develop	84,522
Libbie Young Centre Inc	462,952
Lloyd Emergency Care	405,553
Marshall's Ambulance	862,221
MD Ambulance Care Ltd	371,601
Municipal Health Holdings	304,569
North Sk River Municipal HH	371,470
Points West Living Lloyd	2,159,369
Portage Vocational Society	69,323
Thorpe Recovery Centre	539,795
Villa Pascal	2,746,121
WPD Ambulance	1,382,111

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Abouhamra, Dr M.	81,222
Abrametz, Dodie	101,409
Ajegbo, Dr Obiora	79,889
Alheit, Dr B	115,921
Ally, Dr Muhammad	394,059
Anees, Dr Muhammad	53,547
Babkis, Dr Andrey	206,431
Bairagi, Dr N	499,212
Bairagi, Dr Ranjana	109,357
Bekker, Dr. Leon	544,430
Blom, Dr C J	93,356
Botha, Dr M J	66,560
Cholin, Brenda Dr	335,830
Christie, Colleen	54,603
Corbett, Dr M	124,010
Craib, Dr Gordon	70,847
Devilliers, Dr Jean P.	132,210
Dr. Thomas Cavanagh	66,379
Du Plessis, Dr Hendrik	487,678
Duncan, Dr D	405,484
Elghdewi, Dr T	85,696
Engelbrecht, Dr Frederik	416,116
Fernandes, Dr. G	83,766
Geller, Dr Brian	192,697
Giles, Dr Roy	140,355
Hesselson, Dr J P	65,220
Holtzhausen, Dr P	125,077
Ibarreta, Dr N	396,138
Johnson, Dr J	567,880
Johnson, Dr Mervin	274,318
Kalala, Dr W	150,644
Kamyar, Dr M	83,685
Khalil, Dr Emil	129,366
Khurana, Dr Mc	76,425
Kostic, Dr Zlatko	150,990
Kruger, Dr Js	115,979
La Cock, Dr M	170,316
Labrador Febles, Dr J A	374,479
Landsberg, Dr. Hesli	60,279

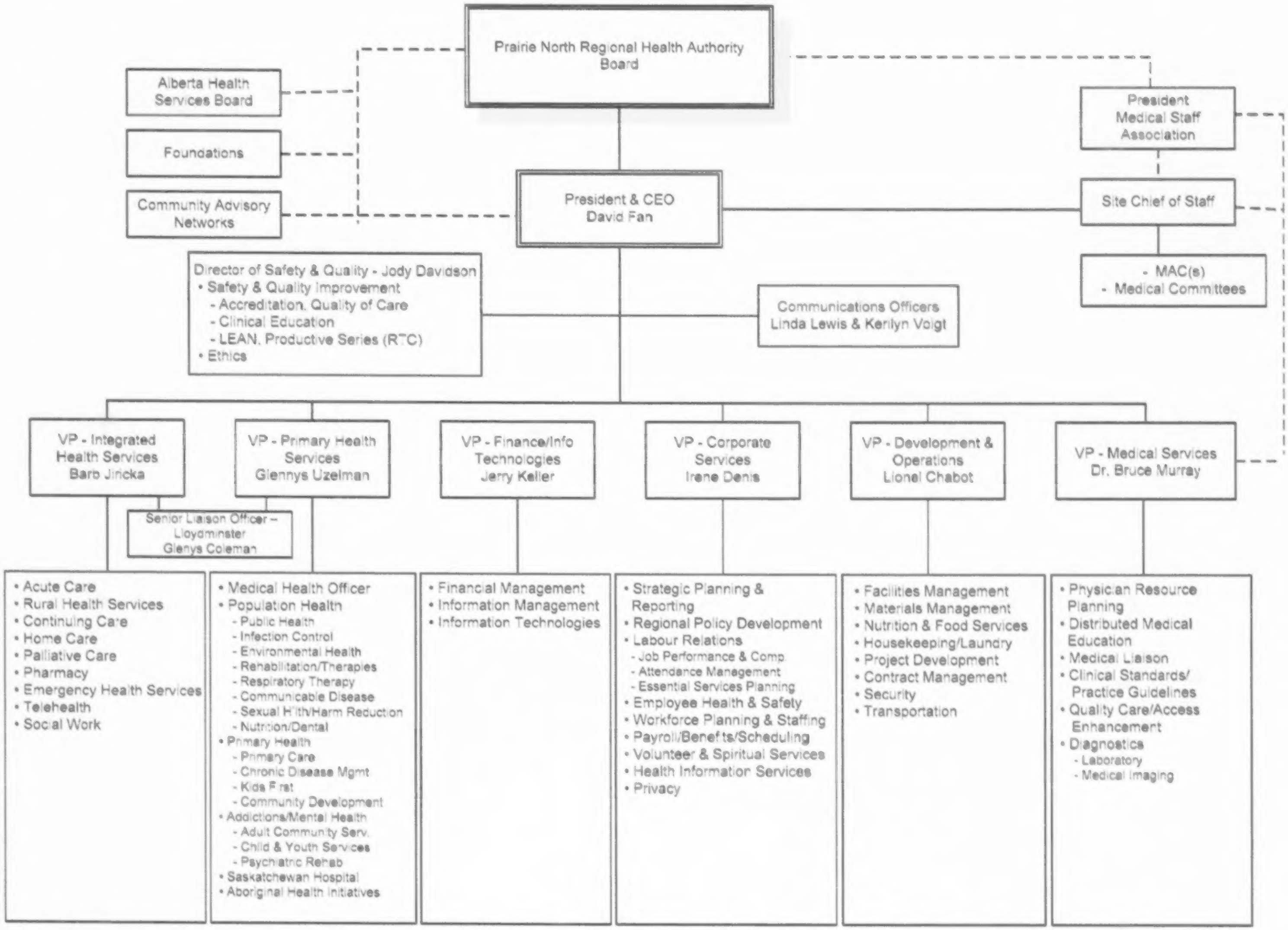
Other Expenditures (continued)

Letkeman, Dr Jacob	195,673
Loots, Dr Leani	232,380
Louw, Dr Roelf	83,483
Mahmood, Dr Y	429,666
Marcelo, Dr M	410,915
Mbaogu, Dr M	167,300
Mehboob, Dr Mohammad	866,423
Melonas, Dr Christopher	120,724
Morton, Dr David	238,563
Mouton, Dr Andries	271,747
Napier, Dr Jolene	94,223
Natha, Dr R	218,452
Nwachukwu, Kingsley Dr.	116,249
O'Keeffe, Dr. Patrick	83,250
Obikoya, Dr Olubankole	386,098
Oyewole, Dr Olusegun	64,035
Pentz, Dr D (Company)	331,867
Prollius, Dr A	106,325
Prystupa, Dr Aaron	119,503
Ramachandran, Dr K	453,188
Ramachandran, Dr N	396,990
Retief, Dr Wilhelm	542,650
Samuel, Dr J Philip	50,506
Shoaib, Dr M	294,679
Shrives, Dr H	96,984
Spangenberg, Dr Df	205,211
Steenkamp, Dr Jw	208,846
Stevens, Dr James	171,211
Steyn, Petrus A	154,891
Tootoosis, Dr Janet	245,166
Van Vuuren, Dr Hermanus	118,068
Vandermerwe, Dr A	166,763
Vandermerwe, Dr Ivann	87,659
Vandermerwe, Dr Wynand	448,721
Vanderwalt, Dr Kobus (Sj)	196,821
Vandeventer, Gavin	382,024
Vetter, Ruth	54,603
Viljoen, Annette	171,890
Vogt, Dr Victoria	330,624
Young, Dr Casey	150,512

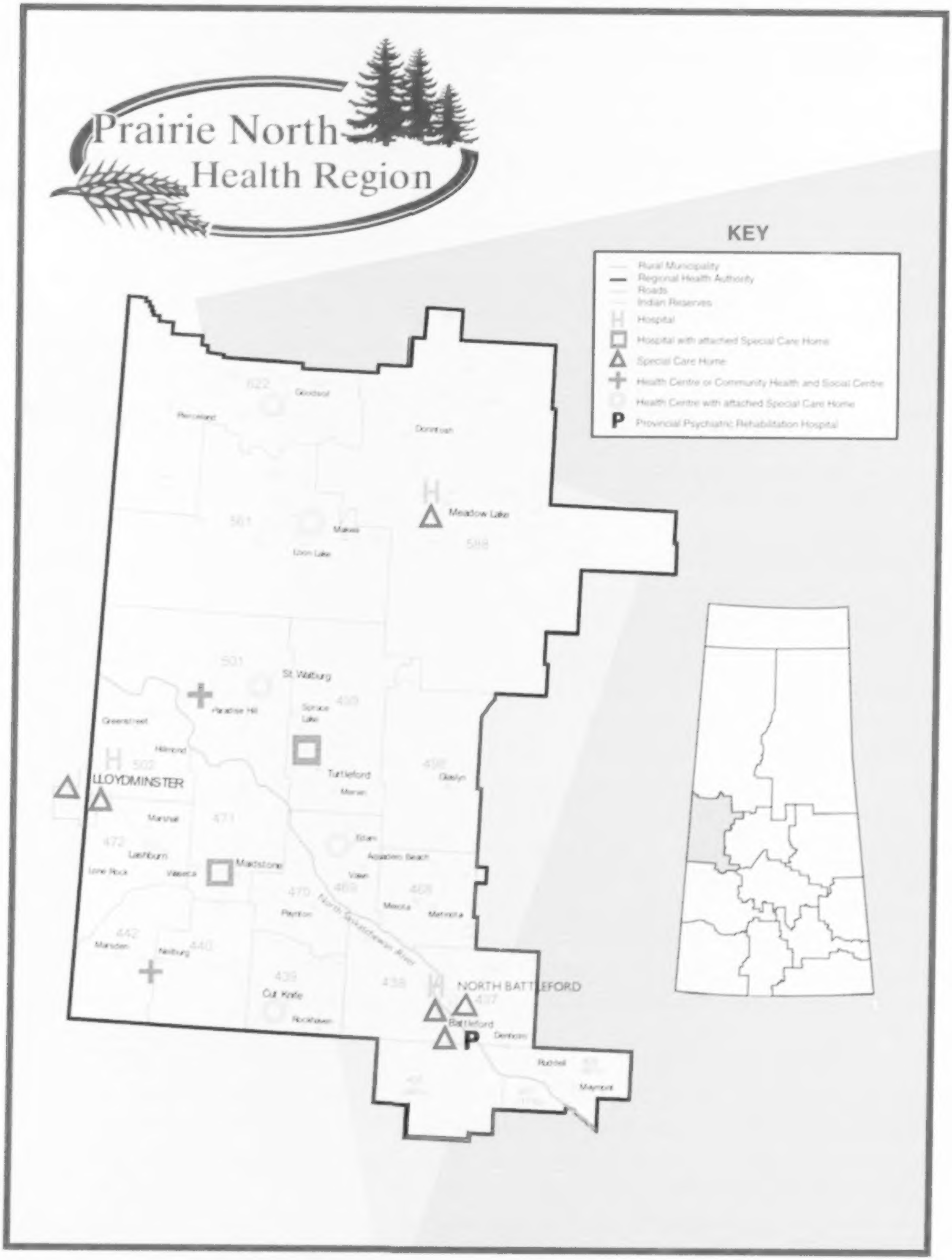
Appendix B - PNRHA Organizational Chart

Prairie North Regional Health Authority Organizational Structure

March 31, 2012


Prairie North Regional Health Authority Board
Alberta Health Services Board
Foundations
Community Advisory Networks
President & CEO David Fan
President Medical Staff Association
Site Chief of Staff
- MAC(s)
- Medical Committees
Director of Safety & Quality - Jody Davidson
• Safety & Quality Improvement
- Accreditation, Quality of Care
- Clinical Education
- LEAN, Productive Series (RTC)
• Ethics
Communications Officers Linda Lewis & Kerilyn Voigt
VP - Integrated Health Services Barb Jincka
Senior Liaison Officer – Lloydminster Glenys Coleman
VP - Primary Health Services Glennys Uzelman
VP - Finance/Info Technologies Jerry Keller
VP - Corporate Services Irene Denis
VP - Development & Operations Lionel Chabot
VP - Medical Services Dr. Bruce Murray
• Acute Care
• Rural Health Services
• Continuing Care
• Home Care
• Palliative Care
• Pharmacy
• Emergency Health Services
• Telehealth
• Social Work
• Medical Health Officer
• Population Health
- Public Health
- Infection Control
- Environmental Health
- Rehabilitation/Therapies
- Respiratory Therapy
- Communicable Disease
- Sexual H'lth/Harm Reduction
- Nutrition/Dental
• Primary Health
- Primary Care
- Chronic Disease Mgmt
- Kids First
- Community Development
• Addictions/Mental Health
- Adult Community Serv.
- Child & Youth Services
- Psychiatric Rehab
• Saskatchewan Hospital
• Aboriginal Health Initiatives
• Financial Management
• Information Management
• Information Technologies
• Strategic Planning & Reporting
• Regional Policy Development
• Labour Relations
- Job Performance & Comp.
- Attendance Management
- Essential Services Planning
• Employee Health & Safety
• Workforce Planning & Staffing
• Payroll/Benefits/Scheduling
• Volunteer & Spiritual Services
• Health Information Services
• Privacy
• Facilities Management
• Materials Management
• Nutrition & Food Services
• Housekeeping/Laundry
• Project Development
• Contract Management
• Security
• Transportation
• Physician Resource Planning
• Distributed Medical Education
• Medical Liaison
• Clinical Standards/ Practice Guidelines
• Quality Care/Access Enhancement
• Diagnostics
- Laboratory
- Medical Imaging

Appendix C - PNRHA Map


Prairie North Health Region
KEY
Rural Municipality
Regional Health Authority
Roads
Indian Reserves
H Hospital
Hospital with attached Special Care Home
Special Care Home
Health Centre or Community Health and Social Centre
Health Centre with attached Special Care Home
P Provincial Psychiatric Rehabilitation Hospital
622
Goodsoil
Pierceland
Dorintosh
561
Makwa
Loon Lake
Meadow Lake
588
501
St. Walburg
Paradise Hill
Spruce Lake
Greenstreet
Hillmond
502
LLOYDMINSTER
Turtleford
Mervin
498
Glaslyn
Marshall
471
472
Lashburn
Lone Rock
Waseca
Maidstone
Edam
Aquadeen Beach
Vawn
470
469
468
Paynton
Meota
Metinota
North Saskatchewan River
442
Marsden
Neilburg
440
439
Cut Knife
Rockhaven
438
NORTH BATTLEFORD
437
Battleford
Denholm
Ruddell
Maymont

Appendix D - PNRHA Facilities and Sites

Following is a list of the separate facilities and sites owned and/or operated by Prairie North Regional Health Authority. Numerous programs and services are available in each of the sites.

Two Regional Hospitals:
Battlefords Union Hospital, North Battleford
Lloydminster Hospital, Lloydminster

One District Hospital:
Meadow Lake Hospital, Northwest Health Facility, Meadow Lake

Two Community Hospitals with attached Special Care Homes:
Maidstone Health Complex, Maidstone
Riverside Health Complex, Turtleford

One Provincial Psychiatric Rehabilitation Hospital:
Saskatchewan Hospital, North Battleford

Two Health Centres:
Manitou Health Centre, Neilburg
Paradise Hill Health Centre, Paradise Hill

Five Health Centres with Attached Special Care Homes:
Cut Knife Health Complex, Cut Knife
Lady Minto Health Care Center, Edam
L. Gervais Memorial Health Centre, Goodsoil
Loon Lake Health Centre Centre & Special Care Home, Loon Lake
St. Walburg Health Complex

Six Special Care Homes:
Battlefords District Care Centre, Battleford
Dr. Cooke Extended Care Centre, Lloydminster
Jubilee Home, Lloydminster
Northland Pioneers Lodge, Meadow Lake
River Heights Lodge, North Battleford
Villa Pascal, North Battleford (Affiliate)

Four Primary Health Care sites:
Battlefords Family Health Centre (in partnership with Battlefords Tribal Council)
Primary Health Centre, Frontier Mall, North Battleford
Meadow Lake Primary Health Centre, Meadow Lake
Pierceland Primary Health Care site, Pierceland

Five Community Health Services sites
Community Health Services Building, Lloydminster
Co-op Plaza location, Lloydminster
Don Ross Centre location, North Battleford
Prairie North Health Centre, Lloydminster
Lashburn Home Care Office

One Mental Health Services Transition Home:
Donaldson House, North Battleford

One Addiction Treatment Centre:
Hopeview Residence, North Battleford

Appendix E - How to Contact Us

Prairie North Health Region
Corporate Office - Battlefords
Battlefords Union Hospital - Main Floor
1092—107 Street
North Battleford, SK
S9A 1Z1

Phone: (306) 446-6606
Fax: (306) 446-4114

Prairie North Health Region
Lloydminster Office
Lloydminster Hospital - Main Floor
3820 - 43 Avenue
Lloydminster, SK
S9V 1Y5

Phone: (306) 820-6181
Fax: (306) 825-9880

Prairie North Health Region
Lloydminster Satellite Office
Lloydminster Co-Op Plaza
Suite 108, 4910 - 50 Street
Lloydminster, SK
S9V 0Y5

Phone: (306) 820-6060
Fax: (306) 820-6141

Prairie North Health Region
Meadow Lake Office
Northwest Health Facility—Second Floor
#1—711 Centre Street
Meadow Lake, SK
S9Z 1E6

Phone: (306) 236-1550
Fax: (306) 236-5801

Visit our website at:
www.pnrha.ca

Appendix F – Acronyms

AAT	Aboriginal Awareness Training
AB	Alberta
AC	Accreditation Canada (formerly CCHSA – Canadian Council on Health Services Accreditation)
ACLS	Advanced Cardiac Life Support
ADT	Admission, Discharge, Transfer
AHTF	Aboriginal Health Transition Fund
AIDS	Acquired Immune Deficiency Syndrome
ALS	Advanced Life Support
ASD	Autism Spectrum Disorder
AUPE	Alberta Union of Provincial Employees
BCP	Business Continuity Plan
BDCC	Battlefords District Care Centre
BFHC	Battlefords Family Health Centre
BMD	Bone Mineral Density
BMI	Body Mass Index
BTC	Battlefords Tribal Council
BUH	Battlefords Union Hospital
BUHF	Battlefords Union Hospital Foundation
CAN(s)	Community Advisory Network(s)
CBO	Community-Based Organization
CCHSA	Canadian Council on Health Services Accreditation (now Accreditation Canada - AC)
CDI	Clostridium Difficile (formerly CDAD)
CDM	Chronic Disease Management
CDMC	Chronic Disease Management Collaborative
CEO	Chief Executive Officer
CEP	Capital Equipment Plan
CHAN	Community Health Advisory Network
CLD	Community Living Division
CLXT	Combined Laboratory & X-Ray Technologist
CME	Continuing Medical Education
CMHA	Canadian Mental Health Association
CMP	Capital Management Plan
CQI	Continuous Quality Improvement
CSA	Canadian Standards Association
CSQI	Continuous Safety & Quality Improvement
CT	Computed Tomography

CUPE	Canadian Union of Public Employees
CVA	Central Vehicle Agency
C&Y	Child and Youth
DCECC	Dr. Cooke Extended Care Centre
DI	Diagnostic Imaging
DME	Distributed Medical Education
ECP	Early Childhood Psychology
ECTD	Early Childhood Tooth Decay
EEAT	Employee Engagement Action Team
EFAP	Employee and Family Assistance Program
EMR	Electronic Medical Record
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
ENT	Ear, Nose and Throat (Otolaryngology)
ER/ED	Emergency Room/Emergency Department
ESP	Employee Scheduling Program
FASD	Fetal Alcohol Spectrum Disorder
FIT	Fecal Immunochemical Test
FSIN	Federation of Saskatchewan Indian Nations
FTE(s)	Full-Time Equivalent(s)
GI	Gastrointestinal
GP	General Practitioner
HAI(s)	Healthcare Associated Infection(s)
HCO(s)	Health Care Organizations(s)
HICS	Health Incident Command System
HIV	Human Immunodeficiency Virus
HQC	Health Quality Council
HR	Human Resources
HSAS	Health Sciences Association of Saskatchewan
HVAC	Heating, Ventilation and Air Conditioning
ICU	Intensive Care Unit
IPC	Infection Prevention and Control
IPCC	Infection Prevention and Control Coordinator
IT	Information Technology

Appendix F – Acronyms *(continued)*

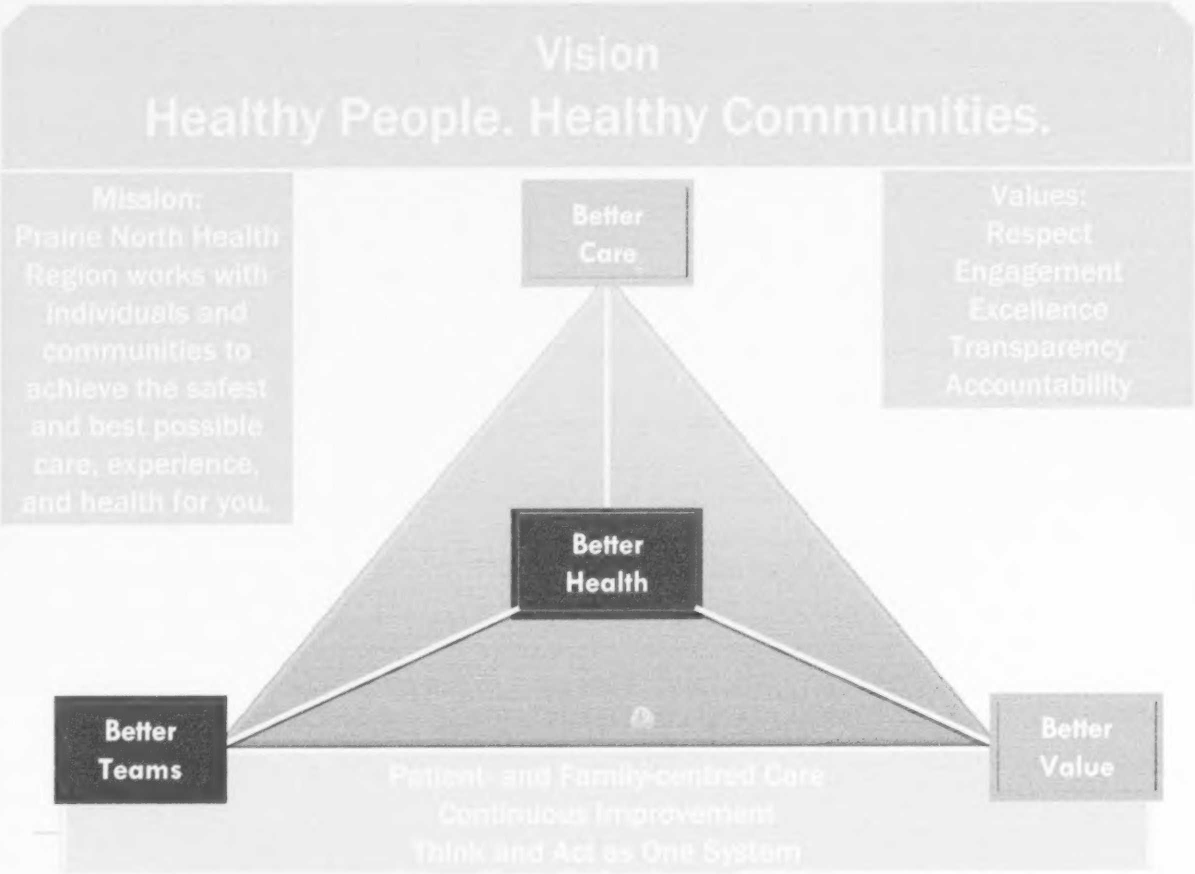
KIS	Key Indicator Statistics
KYHR	Keewatin Yatthe Health Region
LATR	Lloydminster Action for Tobacco Reduction (committee)
LPN	Licensed Practical Nurse
LH	Lloydminster Hospital
LRHF	Lloydminster Region Health Foundation
LTC	Long-Term Care
MAC	Medical Advisory Committee
MARS	My Access to Resources & Services (PNRHA Intranet site)
MDS/RUGS	Minimal Data Set/Resource Utilization Group
Med Rec	Medication Reconciliation
MHO	Medical Health Officer
MHH-Maidstone	Municipal Health Holdings - Maidstone
MI	Medical Imaging
MLTC	Meadow Lake Tribal Council
MMR	Measles, Mumps and Rubella
MORE^{OB}	Managing Obstetrical Risk Efficiently
MOU	Memorandum of Understanding
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
MWFR	Midwest Food Resources
NEPS	Nursing Education Programs of Saskatchewan
NP	Nurse Practitioner
NPL	Northland Pioneers Lodge
NSL	North Sask Laundry (& Support Services Ltd)
NSRMHH	North Saskatchewan River Municipal Health Holdings
OHC	Occupational Health Committee
OH&S	Occupational Health and Safety
OOS	Out-of-Scope
OPDS	Outpatient Day Surgery
PAPHR	Prince Albert Parkland Health Region
PART	Professional Assault Response Training

PC	Primary Care
PFCC	Patient- and Family-Centred Care
PHC	Primary Health Care
PHI	Public Health Inspector
PIP	Pharmacy Information System
PNHR	Prairie North Health Region
PNRHA	Prairie North Regional Health Authority
PRAS	Physician Recruitment Agency of Saskatchewan
QCC	Quality of Care Coordinator
RHA	Regional Health Authority
RHL	River Heights Lodge
RIC	Regional Intersectoral Committee
RM	Rural Municipality
RN	Registered Nurse
ROP	Required Organizational Practice
RPN	Registered Psychiatric Nurse
RTC™	Releasing Time to Care™
RW	Representative Workforce
SAHO	Saskatchewan Association of Health Organizations
SCA	Saskatchewan Cancer Agency
SCF	South Central Foundation – Alaska
SEP	Single Entry Point
SHNB	Saskatchewan Hospital North Battleford
SIAST	Saskatchewan Institute of Applied Sciences and Technology
SIMS	Saskatchewan Immunization Management System
SIPPA	Saskatchewan International Physician Practice Assessment
SIRP	Saskatchewan Integrated Renal Program
SIS	Surgical Information System
SkSI	Saskatchewan Surgical Initiative
SLP	Speech Language Pathology
SLT	Senior Leadership Team
SMO	Senior Medical Officer
SMT	Senior Management Team
SOD	Strategic and Operational Directions

Appendix F – Acronyms *(continued)*

SSC	Surgical Safety Checklist
SSCN	Saskatchewan Surgical Care Network
SSI(s)	Surgical Site Infection(s)
SSPR	Saskatchewan Surgical Patient Registry
STC	Short-Term Care
SUN	Saskatchewan Union of Nurses
TCA	Tobacco Control Act
TIPS	Therapeutic Integrated Paediatrics Services
TLR	Transfer, Lift and Repositioning
U of A	University of Alberta
U of S	University of Saskatchewan
UNA	United Nurses of Alberta
VP	Vice President
VRE	Vancomycin Resistant Enterococcus
WCB	Workers' Compensation Board
WDP	Wage-Driven Premium
WHMIS	Workplace Hazardous Material Information System
WNV	West Nile Virus
WOW	Well Organized Ward
3P	Production, Preparation, Process
3sHealth	Health Shared Services Saskatchewan
5S	Sorting, Straightening, Shining, Standardizing, and Sustaining

Strategic Direction for the Healthcare System



Vision
Healthy People. Healthy Communities.

Mission:
Prairie North Health Region works with individuals and communities to achieve the safest and best possible care, experience, and health for you.

Values:
Respect
Engagement
Excellence
Transparency
Accountability

Better Care

Better Health

Better Teams

Better Value

Patient- and Family-centred Care
Continuous Improvement
Think and Act as One System

Better Health	Improve population health through health promotion, protection and disease prevention, and collaborate with communities and different government organization to close the health disparity gap.
Better Care	In partnership with patients and families, improve the individual's experience, achieve timely access, and continuously improve health-care safety
Better Value	Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment, and information infrastructure.
Better Teams	Build safe, supportive, and quality workplaces that support patient and family-centered care and collaborative practices, and develop a highly skilled, professional, and diverse workforce that has a sufficient number and mix of service providers.

Patient- and Family-centred Care
Continuous Improvement
Think and Act as One System

Prairie North
Health Region

Visit our website at:

www.pnrha.ca